<u>5</u> 1	1	02994	DIVISION OF VITAL RECORDS,	D STATE DEPARTMENT OF 301 W. PRESTON STREET, BALL		02989
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ertificate be physicion or ten please tovol, and it	160	NO	220-10-3	18 MR. WAYNE I	ARIS.#1	ONSBORO MD.
e death cottending		PART I. DEATH WAS CAUSED I		0 1	- E Auoxia	BETWEEN ONSET AND DEATH
equires that the physicion signed by the burial-transit burial crematin		Conditions, if any, which gave a rise to immediate cause (a), a stating the underlying cause lost.	(b) UTUUN DUE TO, OR AS A CONSEQUENCE OF	zdernie		Jesers
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L OR ATTENIE be retained DIRECTOR: Age 3 should lifed with the		22b. SIGNATURE	gentelon	DEGREE PHYS.	MED STAFF 22c DAI	(0/69
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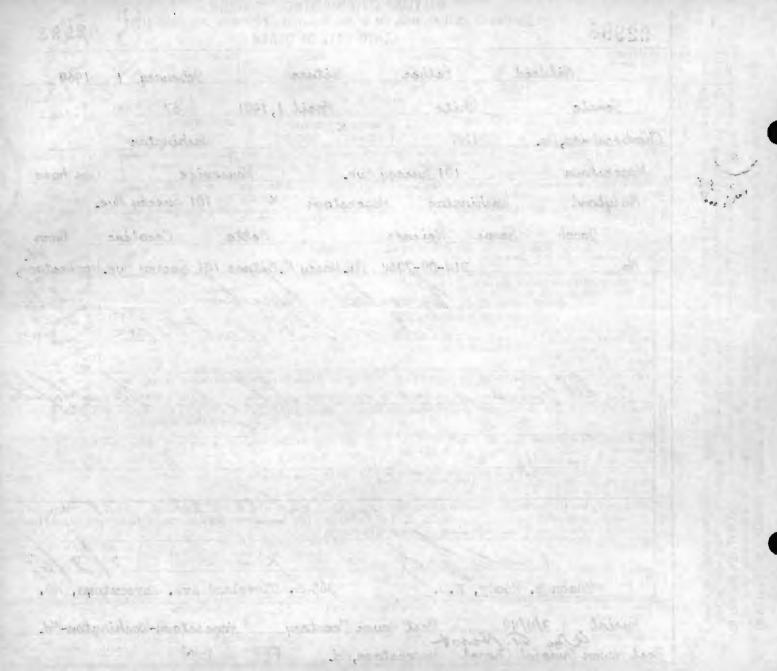
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	MARTLAND STATE DEPARTMENT OF HEALTH
	02997 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH
	CERTIFICATE OF DEATH
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1	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
	TOWN BOWLES HENRIETTA BIHLER
	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT
	Yes, no, or unknown) ((fyes give wor or dates of service) NO 217-16-2272 MR. ROBERT EDWIN BECK MD.
-	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Venturedan Fibrillation 30 Men
	TO TOUE TO, OR AS A CONSEQUENCE OF
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	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 121b TIME OF INILIPY.
	OR CONTRIBUTING CLUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 19 2 1214 INHIBOT OF CHINDER 1216 PLACE OF INHIBOT AT HOME FARM STREET FACTORY 1 215 IOCATION. Secret on D.E.D. No. 1
	22a. I certify that (I) (this haspital) attended the deceased fram
	saw the deceased alive an 74 27, 19 49, and that in (my) (aur) apinion death accurred an the date and haur and fram the
	22b. SIGNATURE
	22b. SIGNATURE Like Signature Like Signature Degree PHYS. Director Direc
	22d. PHYSICIAN'S 22e. ADDRESS
	NAME (Type) Edson B. Moody, M.D. 363 S. Cleveland Ave. Hagerstown, Md.
	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Joyn) WASH. MD. 23d. ACCURATE AND CEM. HAGERSTOWN WASH.
	2011 212 1
	24. FUNERAL DIRECTOR ADDRESS ASSOCIATION
	W. S-Morwell, Hagerslown, Ml, DATE

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- 27 E	3.	£X	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER I YEAR IF UNDER 24 HRS.
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100 PG	7a.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
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= /1/1		Hagerstown	give street address 5	during m	ast of warking life, even if retired.)	Own home
+ L	13a	. USUAL RESIDENCE (Where decease	ed lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CITY I	IMITS? 13e. STREET AND NUMBER	
Scut scut		Maryland STATE	13b. COUNTY Washington	Hagerstown YESK N	0□ 101 Surrey A	ve.
and campremaye	14.	FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME	First Middle	Lost
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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed be retained by the haspital ar attending physician. SIRECTOR: After this certificate has been signed by the attending physician and cample as should be detached for use as the burial-transit permit. Then please remave called with the State Dept. of Health priar to burial, crematian, or remaval, and in any event	160	D. WAS DECEASED EVER IN U.S. ARM Yes no or unknown) (If yes give wo	or or dates of service)		Address	Md
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te death cer ottending p permit. The		18. CAUSE OF DEATH (Enter only	y ane cause per line far (a), (b), and (c).)	1.0 ///	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
he death attendir permit.		PART I. DEATH WAS CAUSED IMMEDIA	TE CAUSE (a) Myoro	edial mai	ellere	my tantining
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AN al a lication for Head		210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH		21c. HOW INJURY OCCURRED (Ente	r nature of injury in Port 1 or Port 2, I	tem 18.)
SIC Spit Spit Spit Spit Spit Spit Spit Spit	MEDICAL	(If either, notify medical examin-	er) P.M. 19			
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de the de		at work of work	- L	11 1/2 / 201		
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acild and the	П	causes stated above,	(I) (we) (did) (did not) view the b	ady after death.	man beam accurred an me da	ie and nour and from the
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DIR DIR ed v	Г	Σ,	duck s theway	DEGREE PHYS.	IED. STAFF PHYS.	13/69
AL Page		22d. PHYSICIAN'S	110	22e. ADDRESS		1 1
VER Jan.		NAME (Type)Edson B	Moody, M.D.	363 S. Clev	eland Ave. Hagers	storm, MD.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 shauld be detached for use as the burial-transit should be filled with the State Dept. of Health priar to burial, cremating	23a	BURIAL, CREMATION, 23b. D	ATE 23c, NAME OF C	EMETERY OR CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
24 5 2 2			4/49 Rest k	laven Cemetery	Hagerstown-Wash	ington-Md.
VR A15		FUNERAL DIRECTOR Consumer	a. Nous & ADDRESS	25a. REC'D B	Y REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
45M - 11(89)	K	est Haven June	ral Chapel Hagers	town, Md. DATFEB	5 1969	a total Manage San



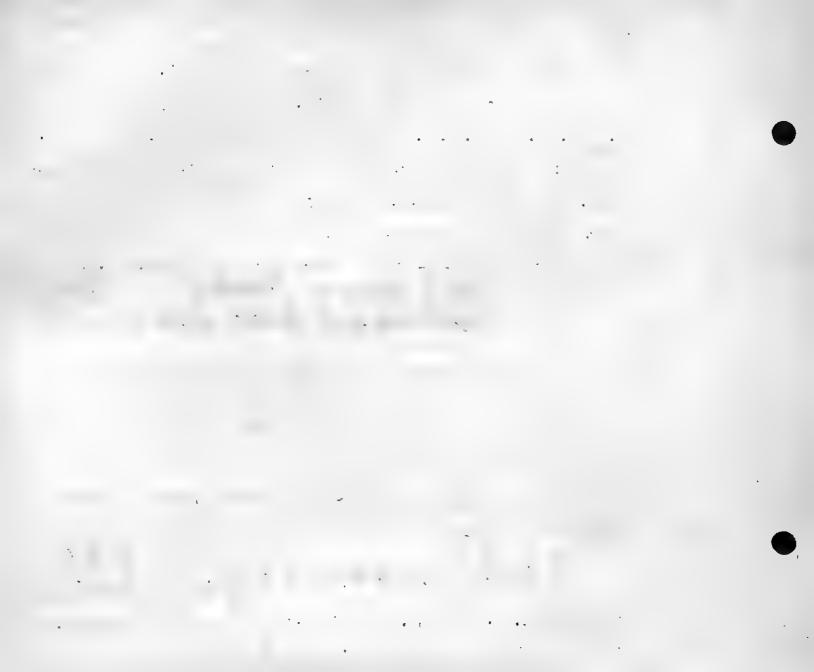
02999 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02994 DECEASED NAME M.ddle First 2o. DATE OF DEATH 26 HOUR 24 hours after death (Type or print) 96deor :35 M Bonifant William Thomas Feb 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER YEAR 6. AGE (In years IF UNDER 24 HRS last birthday) MONTHS DAYS HOURS 8/21/01 Male White filled in by t 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED WASHINGTON USA WIDOWED DE DIVORCED [Maryland ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR = during most of working life, even if retired.) **INDUSTRY** remave carban HAGERSTOWN steam fi event, 13a USUAL RESIDENCE (Where deceased lived if institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY JIMITS? 13e STREET AND NUMBER law requires that the death certificate be executed is county Hontgomery YES [X] NO 🗆 7600 Carroll Ave. Takoma Park larvland and in any 14 FATHER 5 NAME 15 MOTHER'S MAIDEN NAME First Middle Last Middle signed by the attending physician and burial-transit permit. Then please rem Gittings Bonifant Thomas 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. Address Yes, no, or unknown? FAMILY DECEMSEN) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Carcinoma of head of pancreas c abdominal carcinomatosis DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 'O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending **IO FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar to l 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 📆 NO 🖂 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED County City or Town State While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from <u>Jan. 27</u>, 19<u>69</u>, to <u>Feb. 11</u>, 19<u>69</u>, that (I) (we) lost saw the deceased alive an <u>Feb. 13</u> 19<u>69</u>, and that in (my) (we) apinion death accurred an the date and haur and from the causes stated above, (I) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING MED. DIRECTOR 2/14/69 DEGREE PHYS PHYS. 22e ADDRESS Western Md. State Hospital 22d. PHYSICIAN'S NAME (Type) Chong C. Han, M.D. 1500 Penus Ivania Ava. . Mageratown . Md 236 DATE 23C, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BUR AL, CREMATION, (State) adelphi George Washington Cemeling 250. RECE BY REGISTRAR **FUNERAL DIRECTOR** 25b. REGISTRAR'S SIGNATURE 254 Carrell 21 NW- Wach

MARYLAND STATE DEPARTMENT OF HEALTH





Female White Dec. 4 1903 (ost bribboy) YRS. MONTHS DATS	2b. HOUR
CERTIFICATE OF DEATH 1 DECEASED NAME First Middle Last 2a. DATE OF DEATH	2b. HOUR
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(1796 of print) Olive Page Brown Feb. 10 1996; 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years lost pribaday) VRS. Wonths Dars	1050 P M
3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years lost birthday) YRS. Female White Dec. 4 1903 65 9785.	
Female White Dec. 4 1903 OSS 65 YRS. WORLD	HOURS HRS.
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Joseph Buhrman Katie Fr	еу
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no 220-09-9162D Gearld RyBrown, 1139-Outer Dr. Hage B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) Dr. Dry Death Was Caused BY:	ET AND DEATH
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A B D OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year	
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220. I certify that (I) (this hospital pattender) the deceased from	nd from the
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DEGREE PHYS. DIRECTOR PHYS. DIRECTOR PHYS.	7
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236 BURIAL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) ((county)) REMOVED FOR 13 69 Mt. Morrish Lithoron REMOVED FOR 13 69 Mt. Morrish Lithoron	(Stote)
Stating the underlying course DUE TO, OR AS A CONSEQUENCE OF (c)	• •



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			DS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	02997
	_	83005	CERTIFICATE OF DEATH	
death.	T Di	CEASED NAME (FIRST PRINT) GEORGE Middle	Burkett 2/2 Month /6	Day Year 2.40 M
ticate be executed within 24 hours after death ysician and campletely filled in any executional please remove carbon papers. The please and 2 and 2 and 1, and in any event, within 72 hobrs after death at, and in any event, within 72 hobrs after death	3 SE	Vale White	S DATE OF BIRTH 12/31/190/ 12/31/190/ S AGE (M years last britingly) Y	IF UNDER 1 YEAR IF UNDER 24 HRS. MOINTH'S DAYS MOURS MIN.
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h centing p		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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the law attendia has be se as the	CERTIFICATION	19a, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WA	AS PERFORMED 200. AUTOPSY? 20b IF YES, WERE FINDING CAUSES OF DEATH?	GS CONSIDERED IN CERTIFYING
CLAN: Ital ar ificate far us feedt	MEDICAL CER	21a. ACCIDENT WAS JNDERLYING 21b TIME OF INJURY HOUR A.M Month Day 1 (If either, natify medical examiner) P.M.	Year 19 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 19	2, Item 18)
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by the factor of the district		22a. I certify that (I) (this haspital) attended the dec	reased from 2 /6/, 19 , to 2 2 2, and that in (my) (aur) opinion death occurred on the	1962 E, that (I) (we) last
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OR ATTEND be retained DIRECTOR: A ge 3 should ed with the 6		22b SIGNATURE ALE EW Sith &	DEGREE PHYS DIRECTOR STAFF DIRECTOR	20 DAJE SIGNED
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	E I				YES 🗀	NO [CAUSES OF DEATH?			
		WAS UNDERLYI		JRY	21c HOW INJURY OCCU		re of injury in Part 1	or Part 2, Item 18:)	
	OR CONTRIBU	NG (CAUSE OF DEA fy medical exam	iner) P.M.	onth Day Year						
		CCURRED 21e	. PLACE OF INJURY (AT H	OME, FARM, STREET, FACTORY,)	21f LOCATION Street	ar R F D Na.	City of Town	Count	tγ	State
	While No	wark								
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F	30 BURIA, CREM		DATE	23c NAME OF CEMETER			LOCATION (City or T			tale)
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1	4. FUNERAL DIRE	TOR	S. Belle	ADDRESS	2	MAK 3	STRAR 25b R	EGISTRAR & SIGNAL	RE	
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Lemb Flims of the part of	
T DEFEASED NAME First Middle lost 2n DATE DE DEATH 2h l	
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S. DATE OF BIRTH APRIL 23, 1901 MALE WHITE WHITE APRIL 23, 1901 APRIL 23, 1901 FOR YRS WONTHS DAYS HOURS WASHINGTON WASHINGTON WASHINGTON 10. CITY OR TOWN OF DEATH HA FRSTOWN 11. NAME OF HOSPITAL OR (INSTITUTION (If not in hospital during most of working life, even if retired.) WASHINGTON WASHINGTON 130 JSOAR RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 131 JSOAR RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 132 JSOAR RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 134 MARGINGTON APRIL 23, 1901 P. COUNTY OF DEATH WASHINGTON WASHINGTON WASHINGTON WASHINGTON W. M. R. C. W. W. M.	M
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Todamissian) STATE MARYLAND 136 COUNTY WASHINGTON HAGERSTOWN YES NO 457 W WASHINGTON ST.	
HENRY CHANEY BE CHA	
Ties. WAS DECEASED EVER IN L. S. ARMED FORCES? Yes, no. (M. Junkown) (1th yes give well and other of service) (1th yes, no. (M. M. M. Y.Y. L. A.D. 166. SOCIAL SECURITY NO (1th yes) (1th ye	
APPROX.MATE INTERS 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) APPROX.MATE INTERS BETWEEN OFFICE AND O	L. ATH
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) UNEMIA Solay	0.
DUE TO, OR AS A CONSEQUENCE OF THE STATE OF	
Conditions, if any, which gave rise to immediate couse (a).	_
76.5—10—5971 RAYMOND L CHANEY, HAJERSTOWN, MAJYANDA MAJYANDA LORD BY STAND	,
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
19d. Date of operation 19b. Condition for which operation was performed 20d. Autopsy? 20b. If yes, were findings considered in certifying 21d Accident was underlying 12th time of injury 12th How injury occurrent (feder nature of injury in Part 2 Item 18).	
E E E E E E E E E E E E E E E E E E E	
21a ACCIDENT WAS UNDERLYING 21b T.ME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18)	
United the state of the state	
21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. (ity or Town County S While Not while	tote
at work of work of work of the distribution of	A Inst
22a. I certify that (I) (Miss phase) attended the deceased from 25, 19, ta 21, 19, 19, that (I) (We sow the deceased olive an 21, and that in (my)) opinion death occurred an the date and hour and from causes stated above. (I) (We) (did) (did-not) view the bady ofter death.	m the
causes stated above, (I) (WE) (did) (did-not) view the bady ofter death.	
226 STAFF 226 STAFF 226 DATE SIGNED 22c DA	
DEGREE PHYS PHYSICIAN'S 122e. ADDRESS	
NAME (Type) DONALD E MARTIN, M.D. 363 S CLETELAND AVE., HAJERSTOWN, MD.	
THE PROPERTY OF COURSE DE STAFF 21a ACCIDENT WAS UNDERLYING OR COMPRISUING CLURRED 19 COUNTS DID TO THE STAFF OR COMPRISUING CLURRED 19 COUNTS DID TO THE STAFF OR COMPRISUING CLURRED 19 COUNTS DID TO THE STAFF OR COMPRISUING CLURRED 19 COUNTS DID TO THE STAFF OR COMPRISUING CLURRED 19 COUNTS DID TO THE STAFF 21a ACCIDENT WAS UNDERLYING 19 COUNTS DID TO THE STAFF 22a I certify that (I) (MAX MASSING) attended the deceased from the date and hour and from the start of the	
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VR AIS AT 24. FLUMERAL DIRECTOR ADDRESS 250. REGISTRARS, SIGNATURE TO DATE BY BEGISTRARS, SIGNATURE TO DATE BY	

MAKTLAND STATE DEPAKTMENT OF HEALTH



MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 93000 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2b HOUR A First 20. DATE OF DEATH signed by the attending physician and campletely filled in by-the funeral burial-transit permit. Then please remaye-carbon papers. Pages 1 and 2 burial-transit permit, and in any event, within 72 hours after death. requires that the death certificate be executed within 24 hours after death **GLYDE** MILLER Feb. (Type or print) COOK 3 SEX 4 RACE S DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR lost birthday) White MONTHS DAYS HOURS Male Feb. 10, 1918 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED West Va. Washington USA WIDOWED [DIVORCED [7] 12a. USUAL OCCUPATION (Kind of work done 11, NAME OF HOSPITAL OR INSTITUTION (If not in hospital ID. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street address) Washington Co. Hospital during most of working life even if retired.) Rallroad Hagerstown 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c, CITY OR TOWN 13e, STREET AND NUMBER 13d INSIDE CITY LIMITS? 13h COUNTY efferson YEXTX Polk Street Bolivar NO Middle 14. FATHER S NAME Middle 15. MOTHER'S MAIDEN NAME First Lost Nannie Bell Guy Cook 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Mrs. Margie CookAddress 16b. SOCIAL SECURITY NO. Yes, no, ar unknawn) RFD#1, Harpers Ferry, W.Va. 25425 None 236-03-0579 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave nse to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate has been 3 should be detached for use as the with the State Dept. af Health prior to 19g, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO K 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A M. Manth Day Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 1967, and that in (my) 1965, and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING MED. DIRECTOR director, page 3 should be filed v DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 236 LOCATION (City or Town) 23o. BURIAL CREMATION. 23b DATE (County) (State) Jefferson, W.Va REMOVAL (Specify)
Buthal Bolivar, 3/1/69 Fairview Cemetery 25b. REGISTRAR S SIGNATURE 2So REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68

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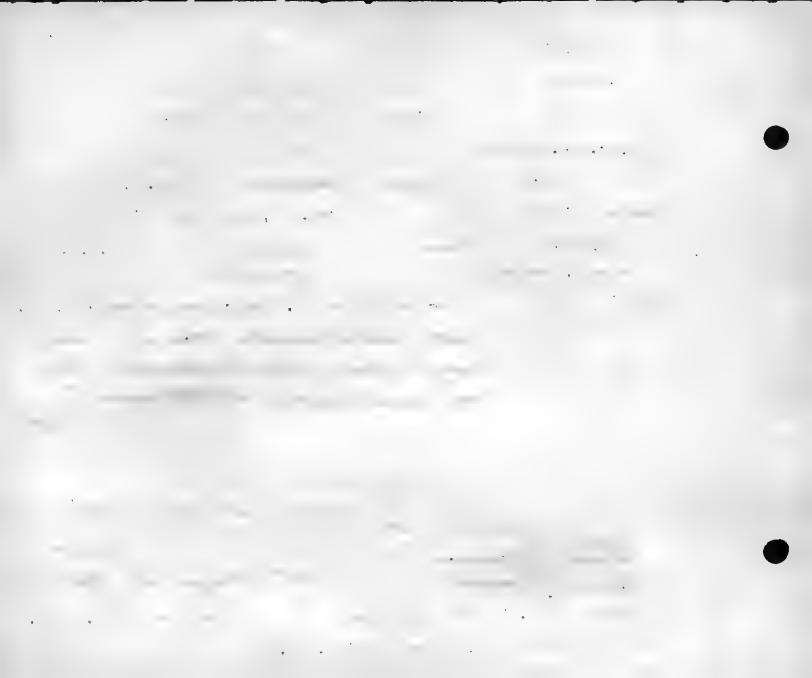
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03802 DECEASED NAME Eirst Last 2a. DATE OF DEATH 26 HOUR 10:5 executed within 24 hours after death ve carbon popers. Pages I ond 2 event, within 72 hours after death (Type ar print) Newton February Haines Crowell 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (tn years FUNDER I YEAR IF UNDER 24 HRS 9-23-1919 male white 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED X NEVER MARRIED 9 COUNTY OF DEATH .⊑ USA West Virginia WIDOWED [DIVORCED filled Washington 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120 USJA, OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR completely fi ove carbon Wash. County Hospital during most of working ife, even if retired) INDUSTRY Hagerstown Salesman Hardware 13a USUAL RESIDENCE (Where deceased lived if institution Residence before 13c CITY OR TOWN 13d INS DE CITY LIMITS? 13e STREET AND NUMBER adm ssian) STATE 13b COUNTY Md. Wash. Hagerstown YES NO 801 Maryland Ave buriot, cremation, or removal, and in any 14 FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First Last Middle pe James P. Crowell Bertha Pitzer 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no or unknown) († yes give war or dates of service) 232-26-4640 Mrs. Janet Crowell Hagerstown. Md. 18 CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c))
PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (g)

**The Court of the Court of APPROX MATE INTERVA BETWEEN ONSET AND DEATH Conditions, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. 1F YES, WERE FINDINGS CONSIDERED IN CERTIFYING TO FUNERAL DIRECTOR: After this certificate has CAUSES OF DEATH? YES 🖂 NO N 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) GR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21a. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 4 debugy, 1969, to 169, to 169, that (I) (we) last saw the deceased alive an 169, and that in (my) (aur) opinion death accurred an the date and hour and from the TO HOSPITAL OR ATTENDING Poge 4 moy be retained by couses stated obave, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING MED DIRECTOR director, page should be filed PHYS. 22d. PHYSIC AN S NAME (Type) Clovis M. Snyder M.D. Potomac.St. Hagerstown. Md. 23c NAME OF CEMETERY OR CREMATORY 23b DATE 230 BUR AL, CREMATION, 23d LOCATION (City of Town) (County) (State) 2-19-1969 Rose Hill Cemetery Hagerstown. Md. FUNERAL DIRECTOR ADDRESS Minnich Funeral Home Hagerstown, Md,



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. COUNTY b. COUNTY a. STATE Washington Marvland Garrett MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and giva nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagers town Davs Westernport d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS e carbon py event, w? Wash. Co. Hospital NO V REDI YES NAME OF Middle Last DATE Month Day Year 4. DECEASED AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. (Typa or print) DEATH executed Elizabeth 5. SEX 6. COLOR OR RACE DATE OF BIRTH remove a any eve 7. MARRIEO T NEVER MARRIED WIDOWED DIVORCED [White Female E 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR (County & State, or foreign country) 12. CITIZEN OF WHAT lease and ir during most of working lifa, even if retired) COUNTRY? Housewife

13. FATHER'S NAME Home ed by the attending phy-transit permit. Then pi, cremation, or removal, John W. Robinett Elsie Slider 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) [(If yes give war or dates of service) 216-38-1535 No Carl E. Westernport, Cunningham 18. CAUSE OF CEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN been signed the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) NG PHYSICIAM: The law requires that the by the hospital or attending physician. DUE TO Conditions, If any, which gava risa to immediate DUE TO (a), stating the prior underlying cause last. 98 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT WAS AUTOPSY certificate hather for use of the of the other the of the other th PERFORMED? YES D NO 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work A D retained should ith the 21. I certify that (I) (this hospital) attended the deceased from... saw the deceased alive-on_ and that death occurred at M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED 8 ATTENDING page MED. PHYS. DIRECTOR FUNERAL 22c. PHYSICIAN'S ADDRESS director, p should be 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 69 Shank town Shank town Wash ADDRESS 25a. REC'D BY REGISTRAR, 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Thompson Clear Spring Home VR A15 (4) 1/65



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TOO CTATE	MARYLAND STATE DEPARTMENT OF HEALTH 2/13/69 kk 03009 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 038	n e
FOR STATE		
V 2 0	(Type or Print) OF ESTI-	rear 2b HOUR
5 8 8 × 2	Brenda Darlene Curry DEATH MATED 2-3- 3 SEX 4 RACE S DATE OF BIRTH 6 AGE (in years I if JNOER 1 YEAR I IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD	Uy A n
ny delida. 1, 2, and m. PM3. Department	(ast birthday) MONTHS DAYS HOURS MAIN MAIN MAINS	969 A N
Pari	Female White Oct 24 1954 14 YRS February 3, 1807 1 70 BIRTHPLACE (State or foreign To CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	YOYIA. N
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22b SIGNATURE 22c. DATE SIGNED	
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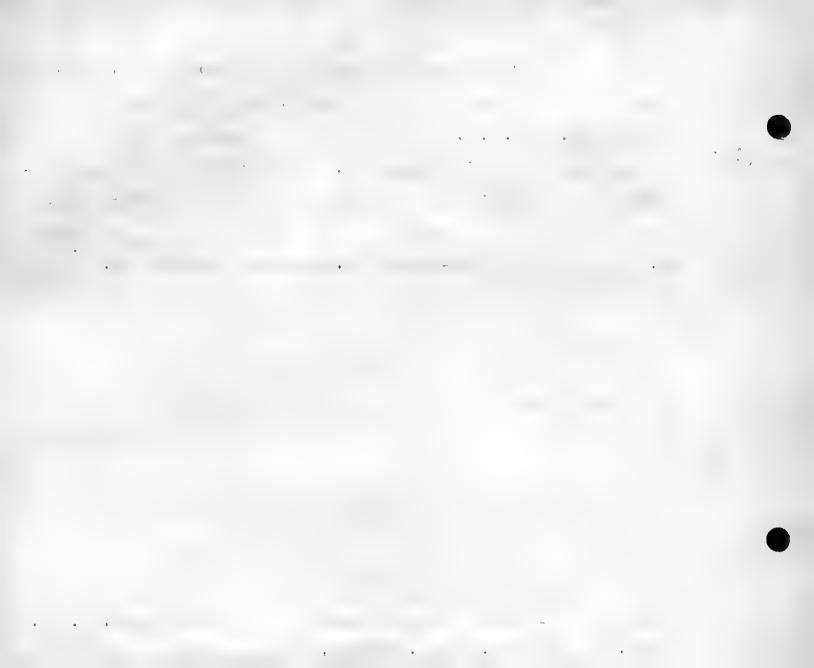


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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages, I and 2 should be fied with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.		Male	White	February 28.	1914	MONTHS DAYS HOURS M.N
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ro Hospital Page 4 moy O FUNERAL director, pag should be file	230	8 LRIAL, CREMATION, 236. DATE		EMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03007 CERTIFICATE OF DEATH 1 DECEASED-NAME Middle Lost 20 DATE OF DEATH 2b. HOUR (Type or print) February Stewart Arthur Elis 3. SEX 4 RACE S DATE OF BIRTH 6. AGE (in years IF UNCER 1 YEAR lost hirthday) HOURS Male White June 17, 1899 7a. BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED U. S. A. WIDOWED [DIVORCED [Lewistown, Md. Washington 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) 700 Jefferson Blvd. during most of working life, even if retired.) INDUSTRY Hagerstown Machine Co. car 130 USUAL RESIDENCE (Where deceased lived, funstitution; Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER TENDING PHYSICIAN: The low requires that the death certificate be executed Washington remove 708 Jefferson Blvd Hagerstown Maryland In any 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First Lost Frank Ellis Ida Craver 16b SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 708 Jefferson Blvd. Yes, no, or unknown) 211-09-6083 Hagerstown, Md. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH burial, cremation, or IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any; which gove) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) TO FUNERAL DIRECTOR: After this certificate has been director, page should be detached for use as the should be filed with the State Dept. of Health prior to 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [] 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town State County While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 11-17-, 19 81, ta 2-6-, 19 67, that (I) (we) last saw the deceased a ve an 2-6- 19 67, and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c DATE SIGNED ATTENDING DEGREE 22e ADDRESS 22d. PHYSICIAN S H SECONDARI BOONSBORD Md NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 SURIAL, CREMATION, 23b DATE (County) (Stote) 2- 10- 69 Rose Hill Cemetery Hagerstown, Wash, Co 256 REGISTRAR'S SIGNATURE 25o. REC'D BY REG STRAR Munician John H. Bast, Jr. 112 N. Main St. Boonsboro, Madage

MAKTLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH



<u> </u>	MARTLAND STATE DEPARTMENT OF HEALTH OP 0-1 / DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	03014 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03010
HEALTH DEPT.	1. DECEASED NAME First Middle Lost 20 DATE KNOWN[7] Month Doy Year 2h HOUR
× 0 % / ₹	(Type or Print) Phillip Eugene Fitz OF ESTI- DEATH MATED - 2 24 1969 10 50 MM
deloy is and 3 to M3 Poge	3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD 2d HOUR
	Male White 8/16/1932 lest birthday) AND HOURS MAN Month Day Year 19 69 1/45m
	70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED X 9 COUNTY OF DEATH
farm farm	COUNTRY) Waynesboro Pa. U.S.A. WIDOWED DIVORCED Washington Md
Pag Arth Sta	10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b Kind OF BUSINESS OR 120 USUAL OCCUPATION (Kind of work done 12b Kind OF BUSINESS OR 120 USUAL OCCUPATION (Kind of work done 12b Kind OF BUSINESS OR 120 USUAL OCCUPATION (Kind of work done 12b Kind OF BUSINESS OR 120 USUAL OCCUPATION (Kind of work done 12b Kind OF BUSINESS OR
ive ive g w	renners wille Road Service Station Att.
INER: This certificate should be executed within 24 hours ofter death can be certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, should be farwarded to the Chief Medical Examiner's Office along with farm P files a should be used as a burial-transit permit. File pages I and 2 with the State Depa ation, or removal, and in any event within 72 hours ofter death	130 USUAL RES DENCE (Where deceased lived, 1 costitution, Residence before deceased lived, 1 costitution, Residence d
hourr Item Office ofter	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
22 23 25	David E. Fitz Mary O'Toole
within 24 pencil in kappiners le lages 72 hours	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, og. of unknown) (If yes give wor or dotes of service) 191-26-6531. Mrs. Mary Fitz Waynesboro Pa., #4
File	I Indian water water and a second sec
rted v fi in cal Ex nit. Fil	18. CAUSE OF DEATH (Enter on y one couse per line far (o), (b), and (c)) PART I, DEATH WAS CAUSED BY
ding ding feding perm t wi	IMMEDIATE CAUSE (0) Cours in winder Skiell free free free
be execute "pending" ief Medica insit permit	Conditions, if any, which gove)
Chi Chi	rise to immediate couse (a), (b) A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF
ER: This tertificate should be executed certificate, writing the word "pending" in ould be farworded to the Chief Medical E es should be used as a buriol-transit permit. Fian, or removal, and in any event within	west Aspiration of Blood
the s d to a b	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
iffico iting order of, a	NO.
wri wri used used	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED?
This are for the feet of the f	YES
INER: This certificate, write should be farwor files 3 should be used action, or removo	210 EXTERNAL CAUSE WAS 210 TIME OF INJURY Month, Doy, Year 311 TIME OF INJURY Month, Doy, Year 312 HOW INJURY OCCURRED (Enter nature of injury in Port) or Port, 2, item 18) 312 PRIMARY FOR CONTRIBUTING TO THE PORT OF AUXO - STRUCK TO BE
NES INES Shou files atia	PRIMARY FOR CONTRIBUTING HOURAM CAUSE OF DEATH PM 2-24 1969 Driver of Auxo - Struck tree 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or RFD No City or Town County State
	WASHE AT WORK
Pog or,	220. I certify that I took charge of the remains described above, held an Autopsy 4 Inspection 4 Inquiry 7, and in my apin on
CTO for to the control of the contro	death resulted fram: Natural couses , Accident , Suicide , Hamicide Undetermined monner
director.	CHIEF MEDICAL EXAMINER
of o	SIGNATURE CLUB ALL W DIFFERENCE MD ASSISTANT MEDICAL EXAMINER 226 DATE SIGNED
PUT Sany uner V bo	EXAMINER'S DEPUTY MEDICAL EXAMINER 212 W 3 3 - 6 0 ST.
necessary, please execute the funeral director. Page 4 5 may be retained for your for FUNERAL DIRECTOR: Page Health prior to buriol, crem	NAME (Type) EDWARD W. DITTO, III, M.D. ADDRESS(Street, city, town, or county) HAGERSTOWN, MARYLAND
D == 20 ==	230 BUR AL CREMAT ON, REMOVAL (Specify) Burial 230 DATE 230 NAME OF CEMETERY OR CREMATORY St. Mary 23d LOCATION (City or Town) (County) (Stote) Fairfield Adams Pa.
	Burial 2/27/69 St. Mary Fairfield Adams Pa. 24 FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 1250 REGISTRAR SIGNATURE
VR A15ME (5)	24 FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS Wayne sboro Pa.
10M REV. 1/68	M. Hillow

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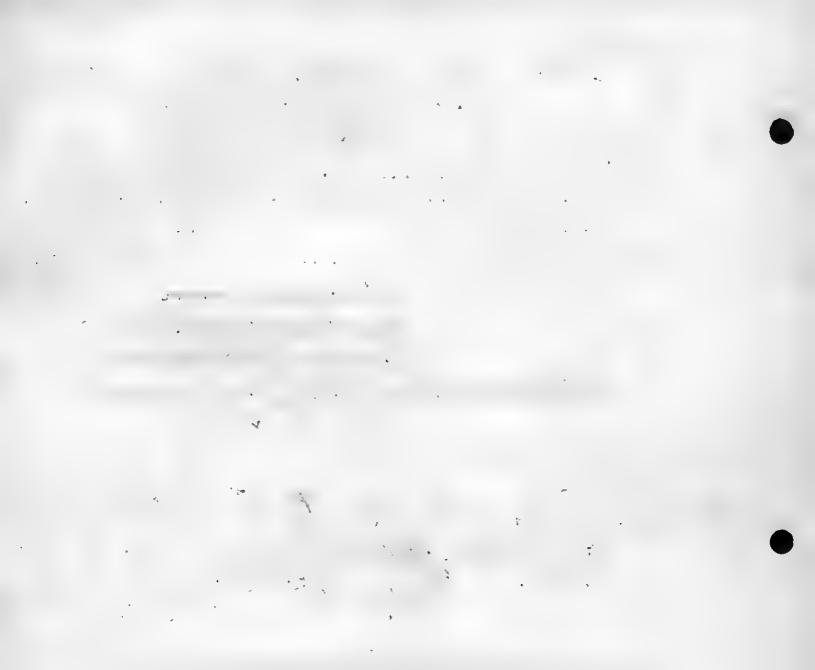
	03015	DIVISION OF VITAL RECO	ORDS, 301 W. PRESTON ST CERTIFICATE OF		, MARYLAND 2120 03 (011	
Ī		irst Middle	Last	2a. C	DATE OF DEATH	B. M	2b HOUR
1	(Type or print) Max	y Ellen	Forre:	st	February	H, 1969	12:10
3	3. SEX	4. RACE	S. DATE OF !	BIRTH	6 AGE (in years	F JHDER I YEAR MONTHS I DAYS	IF UNDER 24 HRS
ı	Female	White	March	1 29, 1886	last birthday) 82 y	'RS	MOUNT WITH
7	7o. BIRTHPLACE (State or fore.gn	7b. CIT-ZEN OF WHAT COUNTRY?	8. MARRIED 🔲 NEVER MA	ARRIED 9. COU	NTY OF DEATH		
ŀ	Chewsville, Md.	U. S. A.			Vashington		Md
Ī	O, CITY OR TOWN OF DEATH	11, NAME OF HOSPITA	LOR INSTITUTION (If not in hospital	120 USUAL OCCU	PATION (Kind of work do	one 12b. KIND OF	BUSINESS OR
	Boonsboro	give street pddress)	Paul St.	House	arking life, even if retire	Own H	lome
j	3a USUAL RESIDENCE (Where dec	eased lived, if institution: Residence	before 13c CITY OR TOWN	3d. INSIDE CITY LIM TS?	13e. STREET AND NUMBER		
(odmission) STATE Mary Land	13b COUNTY Washington	Boonsboro	YES NO 🗆	109 St. Pau	1 St.	
	14. FATHER'S NAME First			MAIDEN NAME First	Middle		Last
١	Willias		nrcker	Annie		KI	ine
r	160. WAS DECEASED EVER IN U.S.	ARMED FORCES? 16b SOCIAL SE	CURITY NO. 17. INFORMANT		Addres	iş .	
ı	Yes, no, ar unknown) (If yes g	217-03	-7158 Mr. John	K. Forres	t. Rfd. 2 B	consboro.	Md.
Ī	18 CAUSE OF DEATH (Enter	anly one cause per line far (o), (b)	and (c).)	11 0		APPROX- BETWEEN C	MATE INTERVAL INSET AND DEATH
1	PART I. DEATH WAS CAI	USED BY: EDIATE CAUSE (a)	ownary +	throw-6	0117	24	Lover,
1	4109	DUE TO, OR AS A CONSEQUE		1			
1	Conditions, if any, which ga	ve)	wer aling	antero).	levois	- Ju	en
1	rise to immediate couse (d		NCE OF	<u> </u>		1	
П	stating the underlying cau lost.	(4)					
Τ	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMIN	IAL D SEASE ORCONDITIO	ON GIVEN IN PART 1(o)		
1			- Un-				
1	19a. DATE OF OPERATION 1	9b. CONDITION FOR WHICH OPERATION	WAS PERFORMED 20g. AUI	TOPSY?	20b. IF YES, WERE FINDIN	GS CONSIDERED IN C	ERTIFYING
ય	Z I		YES [CAUSES OF DEATH?		
Ч	21a. ACCIDENT WAS UNDER	LYING 21b. TIME OF INJURY			of injury in Port 1 or Por	1.2. Item 18.)	
		DEATH HOUR A.M. Month Day	Year	(Eller Hardin	or adjory at the control	,	
1	OR CONTRIBUTING CAUSE OF CITY OF CAUSE	ominer) P.M.	19 INCATION SECTION SEC	and or P.E.D. Ma	City or Town	County	State
1	While Nat while at work	B. PLACE OF INJURY (AT HOME, FARM, S	FIC J 211. EUGATION SII	eer or K.F.D. No.	city or town	Cdoliny	3.410
1	at work at wark	Add Control of the A		10 (10 BL4	10 h 1 that	III Intel Inc
1	22a. I certify that (I)	(this hospital) attended the d	eceosed from 1 - 10-	my) (our) opinion d	enth occurred on the	dote and hour	and from th
1	causes stated ab	ave, (I) (we) (did) (did nat) vie	w the bady after death.	my (our opinion a	icom occorred on the	a done ond noor	ond nam m
ı	22b. SIGNATURE				671.55	22c. DATE SIGNED	10
H	You	Teromoar	DEGREE PHYS	DING MED.	STAFF PHYS	2 - 6-	69
Т	22d. PHYSICIAN S	2014 5 = 1	Too 61	TOPECS			
	NAME (Type) Jo	IEPH SECO.	MAM	500	ONSBOR	o 4d	
-	23o. BURIAL, CREMATION, 2	3b. DATE 23c. NA	ME OF CEMETERY OR CREMATORY	23d	LOCATION (City or Town)	(County)	(State)
	Renno VAIn (Sometify)		Lena Cemetery		Mt. Lena, W	Wash. Co.,	Md.
ŀ	24 FUNERAL DIRECTOR	A	DDRESS	2So. REC'D BY REGIS	STRAR 2Sb REG SJR	RAR'S SIGNATURE	
I.	John H. Rast.	Ir. 112 N. Main S	t. Boonsboro, 1	Market B 1 0	1969	· ATT A JOSES	-

MAKTLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH





	MARYLAND STATE DEPARTMENT OF HEALTH
*	03018 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
,	CERTIFICATE OF DEATH 03014
= -2=	I, DECEASED NAME First Meddle Lost 20, DATE OF DEATH 25 HOUR
death neral ond 2 deoth	(Type or print) Adolph Carnegie Grooms 2 Month 28 Day 69 Year
5-5-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6	3 SEX 4 RACE S DATE OF RIPTH A ACC STO WOOD STRUMOUT STRU
\$ 9 8 E	male white Sont 28 1887 (sq. pithdoy) Monies Days Hours MA
Po P	163
	CONTROL MESTREMANIED MESTREMANIED
filled pope thin 72	Would be seen to be se
be executed within 2 ond completely filler a remove corbon pop in any event, within	120. KIND OF BOSINESS OK
ed with pletely to corbon ent, with	1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
impleti event,	130 USUAL RESIDENCE (Where deceased I ved, if institution Residence before 13c (177 OR TOWN odm.ssion) STATE Md. 13b COUNT Wash. Hagerstown YES A NO 334 McDowell Ave.
e Executed ond comple remove con n any even	77
ond co	14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
	William H. Grooms Arettia Bowles
sician sicole by sician li, ond i	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address
physical properties of the pro	Yes, no. or unknown) (Il yes give war or doles of service) 705-10-5339 Corrine Grooms Hagerstown, Md.
thot the death certific an. by the attending phys transit permit. Then p cremation, or removal,	
he death ce attending permit. Th	18. CAUSE OF DEATH (Enter only one cause per line for (o))(b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE (AUSE (c)) MAY THE PROXIMALE INTERVAL BETWEEN ONSE AND GEAD?
dec frmi r, or	110 MMEDIATE CAUSE (o)
e at	DUE TO, OR AS A CONSEQUENCE OF
t to the tist	Conditions, if any, which gove tise to immediate cause (a), (b) Chapter a cleans
th dan.	stoting the underlying couse UVE 10, OR AS A SMISERULENCE OF
quires tho physician. signed by burial fran	1051 (1) generalized allivorless years
	PART 2 OZGER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
AN: The law real or aftending itote has been for use as the Health prior to	= Ange anergy on of about aprile c leadinge,
s lay s be s be os t	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION VAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
rsician: The law rospital or aftending certificate has been hed for use as the fit of Health prior to	
	210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port I or Port 2, Item 18.)
rcian piral o rifficot d for of He	G Or CONTR BUTING CAUSE OF DEATH HOUR A.M Month Day Year 19 CAUSE OF DEATH HOUR A.M Month Day Year CAUSE OF DEATH HOUR A.M Month Day Year No. CAUSE OF DEATH HOUR A.M Month NO. CAUSE OF DEATH NO. CAUSE OF DE
	21d IN. URY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town
PHY he he frits of fetock	
and the state of t	at work at work (1) (this bassist) attended the decorate from 19 (200) (2.10)
i by t After After I be c	220. I certify that (I) (this haspital) attended the deceased from 10, 19, ta 10, 19, that (I) (we) las saw the deceased alive an 10, and that in (my) (our) opinion death accurred on the date and hour and from the
TEN Per Per Per Per Per Per Per Per Per Per	capises stated obove, (1) (we) (dye) third not) view the bagy after death.
A S D S E	276 AUGNATURE 1 220 DATE SIGNED
OR ATTEN be retained DIRECTOR: /	DEGREE PHYS. DIRECTOR
TAL OR AL DIR page 3 e filed	22d PRYS CIALYS 22e ADDRESS
RA See	Hagerstown md.
Poge 4 may be retaine O FUNERAL DIRECTOR: director, page 3 should should be filed with th	230 BURIAL (REMATION, 23b DATE / 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (County) (State)
# 60 C S S S S S S S S S S S S S S S S S S	1- REMOVAL (Specify)
5-5	24. FUNERAL DIRECTOR ADDRESS Rest Haven Cemetery Hagerstown, Md. 250 RECD BY REGISTRAR 256 REGISTRAR 5 SIGNATURE
VIII A VENT	
69 E. W.C.	Minnich Funeral Home Hagerstown, Md. DAIE 1969 Williams Candon



-			DIVISION OF				T DAITIMOR	TH E, MARYLAND 21201		
		03019	DIVISION OF			ATE OF D		E, MAKTLANU ZIZUI	0301	5
		ECEASED NAME Firs	st	Middle		Last		DATE OF DEATH	0001	26 ноце м
	(ype or print) HO	MER	WILLIAM	GUY:	TON		February	Day Yeor	N CM
ŀ	3 SI		4. RACE			S DATE OF BIRTH	<u></u>	6. AGE (In years	IF UNDER YEAR	IF UNDER 24 HRS
ı		Male	Wh	ite		June	5 1899	last birthday)	MONTHS DAYS	HOURS MIN
	7o.	BIRTHPLACE (State or foreign	76 CITIZEN OF W		8 MARRIED	NEVER MARRIE		INTY OF DEATH		
		Maryland	LUSA		WIDOWED	DIVORCE		Washington		Md.
ı	10. (ITY OR TOWN OF DEATH	11 N	AME OF HOSPITAL OR INS	ST TUTION (If no	t in haspital	120 USUAL OCC	JPATION (Kind of work dai working life, even if retired	ne 12n X ND OF F	BUSINESS OR
	В	USUAL RES DENCE (Where dece			eedy l	lome	Tea	Cher	Retir	ed
	130 o pm	USUAL RES DENCE (Where decer ssion) STATE	osed ved, it institut 13bCOUNTY					13e STREET AND NUMBER		
		SSION) STATE Maryland ATHER'S NAME First			agers	LOWD		608 Sherma	n Ave	
	19. 1		Middle	Lost	1,2	MOTHER'S MAIDE		Middle		Lost
-	160.	William WAS DECEASED EVER IN U.S. AF			VO 117 IN	Mary N	L. Bowl	11 S Address		
		es, no, ar unknown) (IF yes give	wor or doles of service)	0-18-311	6 140		T G.1114	ton 1608 S		A
ŀ		18 CAUSE OF DEATH (Enter of	on v one cours per l	on forda) (b) and (c)) MIZ S				APPROXIM	LATE INTERVAL
ı		PART DEATH WAS CAUS	ED BY	110,000	molo		erstow	Paralyes	7-7	ISET AND DEATH
		· + is if	DUE TO OP	AS A CONSEQUENCE OF	2 411	acco v	Var VC	-uregeo	7 / / V	gas
		Conditions, if any, which gave) "	MA A CONSEQUENCE OF			V			
		nse to immediate cause (a), stating the underlying couse		AS A CONSEQUENCE OF						
ı		last	(0)							
		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBL	ITING TO DEATH BUT NO	OT RELATED TO	THE TERMINAL DI	SEASE OR CONDITIO	ON GIVEN IN PART 1(c)		
ı	NO									
ı	:KAT	190 DATE OF OPERATION 198	CONDITION FOR WI	IICH OPERATION WAS PE	RFORMED	20g AUTOPSY		20b IF YES, WERE FINDING CAUSES OF DEATH?	S CONSIDERED IN CE	RTIFYING
	CERTIFICATION	210. ACCIDENT WAS UNDERLY	NG 216 TIME O	E INHIDV	Ta1, 110	YES	NO 🗌		D (1 10)	
	ਭ	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M	Manth Day Year		N MOURT OCCUR	cen (tutet patate	of injury in Part 1 or Part	Z, Item 18 }	
	MED	(feither, natify medical examination of a NJURY OCCURRED 214		AT HOME FARM STREET, FAC		ATION Street	PED No	City at Town	Caunty	State
		Whe Not while at work	TENER OF HIVOR	AT HOME FARM STREET, FAC OFFICE BUILDING ETC	7 211 600	וט יפטווג ווטייה.	NO D HO.	City of Town	Cubity	Sinis
		22a. I certify that (1) (t	his hospital) att	ended the decease	ed from	in I	1961	to Teb 2	19 69 that	(1) (wa) last
		22a. I certify that (I) (t saw the deceased	alive on	16-2	969 / and	that in (my) (our) opinion d	leath occurred on the	date and hour o	nd from the
		couses stated above	e, (1) (we) (did)	(distret) view the	badý difer d	eath.				
1		220 SIGNATURE	11.4	11/121-	mot	ATTENDING	MED	STAFF C	20 DATE SIGNED	19
l		22d PHYSICIANS	660		- yeugh	PHYS 22e ADDRESS		PHYS L	1 1/6	, ,
		NAME (Type)	W ha	Van		SEC HUNKIS.	1300	ustono	, Ing	7
I	23a		DATE	23c NAME OF	CEMETERY OR C	REMATORY	23d	LOCATION (City or Town)	(Caunty)	(State)
		Burial 2	15/69	Pleasa	nt Vie	ew Ceme	teryBu	rkittevill		Co Md
ı	24	FUNERA, DIRECTOR	agerst	own Majoress Funeral		250	REC D BY REGIS	JRAR 256 REGISTRA	RS SIGNATURE	42.
4		Andrew K.	Cottman	Funeral	H ome	Inch	TE FED 1	0 1969 /	- Land	



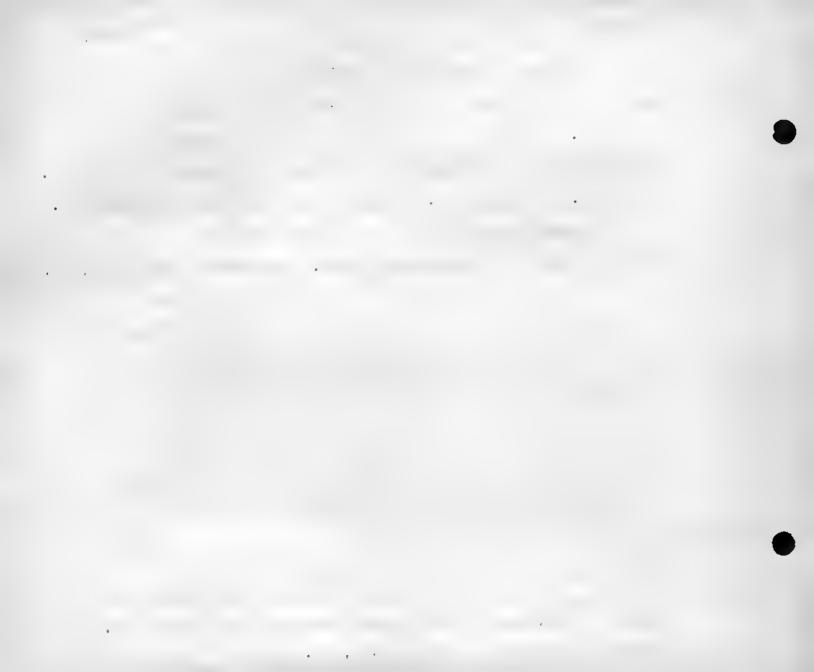
		03020 DIVISION OF V		ATE DEPARTMENT OF HE W. PRESTON STREET, BALTIM		
	Ιt	em3 Film3410 3/6/69 kk		IFICATE OF DEATH	Ĵ	3016
₹ -2±	I. D	CEASED-NAME First ype or print)	Middle	Lost	20. DATE OF DEATH Month Dov	2b. HOUR
death.	<u> </u>	MARGIE	P. 1	HAMMERS	FEBRUARY 26.	1969 M
	3. 51	temare	_	S. DATE OF BIRTH		F JNDER TYEAR IF LINDER 24 HRS. MONTHS DAYS HOURS M.N.
urs of the second	70	SIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT			909 59 YRS F	10 26 8 VS
in bers	COU	Pennsylvania U.S.A. ITY OR TOWN OF DEATH 11 NAM	TATAL	RRIED REVER MARRIED 9	WASHINGTON	Md.
filled in papers thin 72 h	10 (E OF HOSPITAL OR INSTITUTIO	N (If not in hospito) 12n, USUAL (OCCUPATION (Kind of work done	125. KIND OF BUSINESS OR
within the standard within the standard with will be standard with will be standard with the standard within the standard with		HAGERSTOWN WA	et oddress) SHINGTON CO	• SEA	of working life, even if retired) MSTRESS	CLOTHING CLOTHING
	13a. odm	USUAL RESIDENCE (Where deceosed lived, if institution ssion) STATE MARYLAND 13b. COUNTY WAS HI	Residence before 13c Cl	TY OR TOWN 1382 INSIDE CITY , INOTE CONT. NO. X		E.
execut du com remave	14.	ATHER'S NAME First Middle	Lost Lost	IS MOTHER'S MAIDEN NAME First	Middle	Lost
in a grand		SAMUEL OSCAR	LEEVY	ELIZABETH		DESHONG
ertificate be exe physician and a nen please remi naval, and in an	160		6b. SOCIAL SECURITY NO	17. INFORMANT	Address	HAGERSTOWN
physen p		NO	166-01-0173	RUSSELL D. HAMM	ERS, 114 BOWER A	APPROXIMATE INTERVAL
that the death certific an. by the attending physi transit permit. Then pl crematian, or remaval,		1B. CAUSE OF DEATH (Enter only one couse per line- PART I. DEATH WAS CAUSED BY	for (o), (b), and (c))	() heren	lomas	BETWEEN ONSET AND DEATH
dea trend rrmit		IMMEDIATE CAUSE (o)	A CONSEQUENCE #	2 7 6	0 4 - 6 - 5	0 1/160
the and the an		Conditions, if ony, which gove	Chicle was	of accepta	Culew thouse	4100,
that the an. by the ransit p		nse to immediate cause (a), (b) DUE TO, OR AS	CONSEQUENCE OF			
equires that the physician. signed by the burial-transit burial, cremat	ı	lost. (c)	na ₅			
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	IG TO DEATH-BUT NOT RELA	TED TO THE TERMINAL DISEASE OR CON	DITION GIVEN IN PART 1(0)	
s beer as the soriar the	NOIT	190. DATE OF OPERATION 19b. CONDITION FOR WHICH	OPERATION WAS PERFORME	D 20a. AUTOPSY?	206 IF YES, WERE FINDINGS CO	INSIDERED IN CERTIFYING
r afte e has a salth pr	CERTIFICATION			YES NO NO	CAUSES OF DEATH?	
AN: The law read or attending alor attending iscate has been far use as the Health priar ta		210. ACCIDENT WAS UNDERLYING 215. TIME OF II OR CONTRIBUTING CAUSE OF DEATH HOUR A.M.	NJURY Month Doy Yeor	Pic. HOW INJURY OCCURRED (Enter no	oture of injury in Port 1 or Port 2, It	em IB.)
SICIX spire spire en fi	MEDICAL	(If either, notify medical examiner) P.M.	19	in incircular control in		f
Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the shauld be filed with the State Dept. af Health priar ta	-	21d INJURY OCCURRED 21e PLACE OF INJURY (8) while at work	F HOME FARM, STREET, FACTORY.)	21f. LOCATION Street or R.F.D. No.	City or Town	County State
by the fiter be d	ı	22a. Lertify that (1) (this haspital) atten	ded the deceased fra	m, 19	, ta, 19	, that (I) (we) last
FEND ned NR: A uld the 3	L	sow the deceosed alive on causes stated abave, (I) (we) (did) (d	id nat) view the bady o	., and that in (my) (aur) apinio ofter death.	an death accurred on the dot	e ond hour and fram the
OR ATTENE be retained JIRECTOR: A e 3 shauld ed with the	L	22b. SIGNATURE		ATTENDING MED	STAFF (22c, D	ATE SIGNED
DIRI DIRI Jed 3	L	Hinorice	10n-)	DEGREE PHYS. A DIRE	CTOR LI PHYS LI	123/19
Page 4 may be retained To FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the	١.	22d. PHYSICIAN'S AME (Type) AFR TOURS	KIEGO	22e, ADDRESS	ntiefam h	acces con-
HOS ge 4 FUN recto	230	BURIAL CREMATION, 23b DATE	23c NAME OF CEMETER	RY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
5 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등		REMOVAL SOATE 3/1/1969		VIEW CEMETERY	***************************************	CO. MD. O.
VR A15 20	24	FUNERAL DIRECTOR	ADDRESS	250. REC'D BY F		FOM MACAGAR
	42	Cycle 300	- Nound	De 16. DAIDINI	0 1000	



	_		ID STATE DEPARTMENT OF H		
, 1	03021 D		301 W. PRESTON STREET, BALTIN		0.0.4 m
8			CERTIFICATE OF DEATH		3017
death.	1 DECEASED NAME First (Type or print) Samue1	Middle	Lost	20. DATE OF DEATH Doy	2b HOUR
er death		Scott 4 RACE	Hansbrough	2 20	69 ^{Yeor}
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R: A	saw the deceased alive	(we) (did) (did hot) view the	9 and that in (my) (our) opin	ion death accurred an the dat	e ond hour ond from the
A Property	226 SIGNATURE	-11	0/1/11	22c. D.	ATE SIGNED
OR be DIRI		Edwis lav	COPHYS DIR	ECTOR PHYS 2	12//69
ITAI may tal se fi	22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS		7//
Page 4 may be retained by to FUNERAL DIRECTOR: Affer director, page 3 should be do should be filed with the State			CONTROL OR ANNALY		
Page Page direction	230 BURIAL (REMATION, 236 DATE DEFINITION)	_		23d LOCATION (City or Town)	(County) (State)
=== 100	24 FUNERAL DIRECTOR	ADDRESS	Lawn Mem. Park	Hagerstown N	
VR A15 V4	Minnich Funera	1 Home Hager	stown, Md. DATE	REGISTRIO CO 256 MANUELLE	E. O. M. G. S. E.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03022 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH death. 2b HOUR executed within 24 haurs after death funeral (Type or print) Mabel Augusta Hawkins 20 69 3. SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER I YEAR F UNDER 24 HRS Jost birthdoy) female white MONTHS DAYS 4-10-1893 70 BIRTHPLACE (State or fore gn. 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) Penna. USA WIDOWED IX DIVORCED [TT Washington burial, crematian, ar remaval, and in any event, within 72 campletely filled 10, CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Williamsport Sanitarium army nurse US Gov. Williamsport ave carban 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY (IM TS? 13e STREET AND NUMBER odmission) STATE 13b COUNTY NO J Wash. YES Hagerstown 1701 Sherman Ave 14 FATHER'S NAME First Middle Lost IS. MOTHER S MAIDEN NAME First Lost William Batdorf Irene Hubbler The law requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT Yes, po or unknown) 214-38-5983 Mrs. Alvin Binau Hagerstown. APPROX MATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per one for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate couse (o), signed by DUE TO, OR AS & CONSEQUENCE OF storing the underlying couse CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) Health prior to has been the 19b. CONDIT ON FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [TO FUNERAL DIRECTOR: After this certificate 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enternature of injury in Port 1 or Port 2, Item 18) TO HOSPITAL OR ATTENDING PHYSICIAN: may be retained by the haspital Month Doy Year HOUR A.M. detached for Dept. of F (If either, notify medical examiner) 21d INJURY OCCURRED 216. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No. City of Town Stote County While Mot while I directar, page 3 shauld be de should be filed with the State 22a. I certify that (I) (this haspital) attended the deceased from 21 saw the deceased alive on ______, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above. (It (we) (did) (did not) view the pody ofter death. 22b SEGNATUS 22c. DATE SIGNED ATTENDING DEGREE PHYS D RECTOR PHYS PHYSICIAN S 22e. ADDRESS NAME (Type) Rihhard Binford M.D. 1135 Potomac Avenue 23c NAME OF CEMETERY OR CREMATORY 23b DATE 23d LOCATION (City or Town) 230 BUR AL CREMATION (County) (Stote) PSENDAT (Bolanda) 2-24-69 US National Cemetery | Baltimore, Md ADDRESS 24 FUNERAL DIRECTOR 250 FEDBY 2164 TRAISES 256. RECOMPASS SONAT Minnich Funeral Home Hagerstown, Md. DATE



,	03023 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH のまたする
HEALTH DEPT.	DECEASED-NAME First Middle Lost 2e DATE KNOWN C Month Day Year 12b HOLLR
of of	(Type or Print) CA RL DOUGLAS HAYES OF ESTI- DEATH MATED 3 21 1969 5 30 M
5 00 6	3 SEX 4. RACE S DATE OF BIRTH 6 AGE (In vegs F ANDER 1 YEAR IF JMDER 24 HRS 2c DATE PRONOLINGED DEAD 24 HOUR
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h for to ate	NO. Carolina U.S.A. WIDOWED DIVORCED WAJALLA 9 TO W. Md. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hosp to! 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
Po Po with	give street oddress) give street oddress) during most of working I fe, even if retired) INDUSTRY
og v	give street oddress) Hancock State Highway Ghecker Motor Expres 130 USUA. RESIDENCE (Where deceased Yed, if institution Residence before) 13c. CITY OR TOWN 13d. IMSIDE CITY LM IS? 13e STREET AND NUMBER
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thours after frem 18 Giv Office along lond 2 with to offer death.	14 FATHER'S NAME First Middle Lost IS, MOTHER'S MA DEN NAME First Middle Lost
nin 24 hours ofter death nul 'n Item 18 Give Poges 1, juer's Office along with form pagges 1 and 2 with the State D	Rennie Hayes Ollie White
	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS [Yes, no, or unknown) [If yes give war or damps of service)
T S S S	no Peace Time Mrs. Nancy Hayes, 1616 Webster St
ed in	18. CAUSE OF DEATH (Enter only one couse per line 10(0), (b), approximate INTERVAL BETWEEN ONSEL AND DEATH PART I DEATH WAS CAUSED BY
dice dice	PART I DEATH WAS CAUSED BY MAMEDIATE CAUSE (0) Fracture Dislocature of Curical
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ord ord e Cl	Due to order and the control of the total order of the total order of the total order of the total order order order order or the total order or
execute the certificate, writing the word "pending" in pencil in Item 18 Give Pages 1, or Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with form of your files. TOR: Page 3 should be used as a bunal-transit permit. File pages 1 and 2 with the State Deviced, cremation, or removal, and in any event within 72 aurs ofter death.	10 Multiple Frantines Cower Externition
a to to a bound	PART 2. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
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wril wril rwd sed	9 196. DATE OF OPERAT ON 196. CONDITION FOR WHICH OPERATION 20 AUTOPSY?
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L EXAL Eccute 1 Poge 4 or you or jour, cre	22a I certify that I tack charge of the remains described above, held an Autapsy 7. Inspection 7. Inquiry 7. and in my opin on
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necessory, please execute the the funeral director Page 4 5 may be retained for your of FUNERAL DIRECTOR: Page Health prior to buriol, crem	230 BUR AL, CREMAT ON. 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d .OCAT ON (City or Town) (County) (State)
F E	REMOVAL (Specify)
	Burial Feb. 25,1969 Greenwood Cemetery Logan Twsp. Blair Co. Pa. 24. FUNERAL DIRECTOR 250 RECID BY REGISTRAR 250. REGISTRAR'S SIGNATURE
VR A15ME (5)	Hagerstown, Mg .
TOM REV 1,68	Andrew K. Coffman Funeral Home, Inc. FFR 2 5 1000 Milanta, Viedalin

MAKYLAND STATE DEPARTMENT OF HEALTH



1	03024 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120.	2 Daniell
	Item13, taken from birth Certif. CERTIFICATE OF DEATH	51)
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ffer ffer ffer ffer ffer ffer ffer ffer	act of the day and	
Pogs Pogs urs o	Male Negro February 20 1969 - YRS	1 34
24 haurs after death ad in by:the funeral pers. Pages f and 272 haurs after death	7a. BIRTHPLACE (State or fareign country) 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
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nd rem	14 FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
	Daniel Franklin Henderson Linda Thomasine Carter	
	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (if yes give war or dolles of service) None Mother 430 Suman Avenue	
五 五		- Maryland
P P E	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) ond (1)) / PART I. DEATH WAS CAUSED BY.	BETWEEN ONSET AND DEATH
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hat n. y th ansi	rise to Immediate cause (o). stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
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rsic aspii certi hed of. of	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year Could be there, notify medical examiner) P.M.	ntv State
JING PHYS by the has ifter this ce be detache State Dept.	While Not while at work at work	7
ATTENDING stained by the cross affer the should be distribled to the state	22a certify that (1) (this hospital) attended the deceased fram 2/20 , 19 67, ta 2/20 , 19 69 saw the deceased alive an 2/20 19 69, and that in (my) (our) apinian death accurred an the date an	, that (I) (we) last
ed be she she she she she she she she she sh	saw the deceased alive an	d haur and fram the
To Hain things the state of the	22c DATE S	IGNED
OR ATTENION DIRECTOR: A go 3 should be downth the		121/69
AL O	22d, PHYSICIAN S 22e, ADDRESS	
SPITAL 4 may HERAL our, page Id be fil	NAME (Type)	
O HOSPITAL OR ATTENI Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 shauld should be filed with the	23d. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Cou	unty) (State)
5	CREMATION 2-25-69 WASHINGTON COUNTY HOSPITAL HAGERSTOWN, MARYLAN	I D
VR A15 [4] 30M REV. 1/68	20-FUNERAL DIRECTOR 250. REC D BY SEGISTRAR 256. REGISTRAR'S SIGNA JOHN NOSH G HOSE DATE D BY SEGISTRAR'S SIGNA DATE D BY SEGISTRAR'S SIGNA	IUKE
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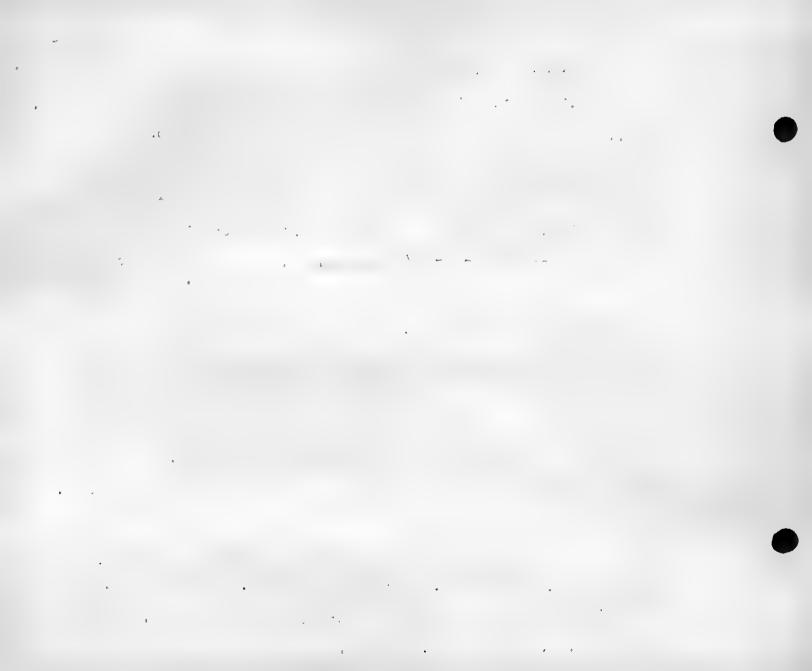
MARYLAND STATE DEPARTMENT OF HEALTH

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MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03022 03026 CERTIFICATE OF DEATH 1 DECEASED-NAME First Middle **5 FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely fifled in by the funeral director page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers! Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, ar remayal, and in any—event, within 72 has safter death. Last 20. DATE OF DEATH 26. HOUR haurs after death (Type or pant) Charles Boyer Hewett 4:30R 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (In years F JNOER 1 YEAR IF UNDER 24 HRS Male White lost & sthooy) Feb. 2 1889 76 CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or foreign 8 MARRIED X NEVER MARRIED 9 COUNTY OF DEATH Maryland U.S.A Washington WIDOWED [DIVORCED 11 NAME OF HOSPITA. OR INSTITUTION (If not in bospito 120. JSUA. OCCUPATION (Kind of work done or restricted) Section Hand 10 CITY OR TOWN OF DEATH within 12b. KIND OF BUSINESS OR Hagerstown 130 USUAL RES DENCE (Where deceased ved, if institution Residence before 13c CTY OR TOWN 21 SWEET AND NUMBER 21 ST. 13d INSIDE CITY LIMITS? requires that the death certificate be executed odmission) STATE Maryland, 13b (OUNTY Washington Sharpsburg 14 FATHERS NAME 5 MOTHER S MAIDEN NAME First M ddle Middle Lost Daniel Hewett A Margaret Boyer 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Yes, no, anguknown) (A yes give war or dates of service) 216-07-7091 Mrs. Rose G. Hewett Sharpsburg Md. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I DEATH WAS CAUSED BY Report BETWEEN ONSET AND DEATH o clustic Heart Disease Conditions, if ony, which gove) rise to immediate couse (a). be retained by the haspital ar attending physician. stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) TO FUNERAL DIRECTOR: After this certificate has been ATTENDING PHYSICIAN: The law CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO T 210 ACC DENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Doy Year (If either, notify medical examiner) PM 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from AN 26, 19,64, to Feb-saw the deceased alive an Full 29 19 27, and that in (my) (our) apinion death occurr 1967, and that in (my) (our) apinion death occurred on the date and haur and from the causes stated above, (I) (we) (did) (did not) view the bady after death. DIRECTOR FRANCISCO G. JAPZON 22e ADDRESS 230 BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (Stote) (County) BEMOYAn (Specify) March 2 1969 Sharpsburg Washington Md. Mt. View Cemetery 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATUR Albert L. Leaf Williamsport Md.



1	MAKYLAND STATE DEPARTMENT OF HEALTH O O O D DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		3021
HEALTH DEPT.	1 DECEASED NAME First Middle 10s1 20 DATE KNOWN Month D	Day Yeor 2b HOSR
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24 haurs offer death ony delay is in tem 18. Give Pages 1, 2, and 3 to office along with farm PM3 Page 2 tand 2/with the State Department of state death.	III MAME OF MOSPILAL OK INSCRIPTION (IF POS IN DOS DITAL OCCUPATION (KIND OF WORK done [12]	2b KIND OF BUSINESS OR
offer death 8. Give Pag olang with with the Sta	Hagerstown Avaion Manor during most of working life even if retired.)	Wn Home
s after 18. Gin olang	13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d INSIDE CTY LIMITS7 13e STREET AND NUMBER admission) Maryland 3b. Walshington Hagerstown YES 8 NO 971 Mulberry	Δ
24 hours in Item 18	dom ssign) Maryland Jb. Walshington Hagerstown YES € NO □ 971 Mulberry 14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	
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be executed 'pending' in the Medical Errisit permit Fevent within	18 CAUSE OF DEATH (Enter only one cause per one for (a), (b), and (c)) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Cerebral Thrombosis	2 days
Me Me ut v	LI 1 7 11 DUE TO, OR AS A CONSEQUENCE OF	<u> </u>
be pe hief ansi	(and tions if any, which gave it is to immediate couse (a) (b) Arterioscleratic Cardio Vascular Disease	5 years
ony	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
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e, wr.t forwar forwar emova	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21c EXTERNAL CAUSE WAS 22b TIME OF IN. JRY Month, Day, Year 21c HOW INSURY OCCURRED (Enter pature of injury in Part 1 or Part 2 Hern	YES MO 52
		18.)
	PRIMARY OR CONTRIBUTING TO HOURS	·
	21d INJURY OCCURRED 21e PLACE OF NURY (At home, farm, street, 21f LOCATION Street or R.F.D. No (ity or Town	County State
KAN te fl ge 4 your age	WHILE NOT WHILE AT WORK AT WORK IN NUTSING Home Hagerstown, Washingto	n. Vd.
ICAL EXAMINER: execute the cert for Poge 4 shoult ed for your files. CTOR:Page 3 shoul	22a certify that I taok charge of the remains described above, held on Autopsy , Inspection X, Inquiry ,	and in my opinian
	death resulted from Natural couses Accident , Suicide , Homicide , Undetermined monner	
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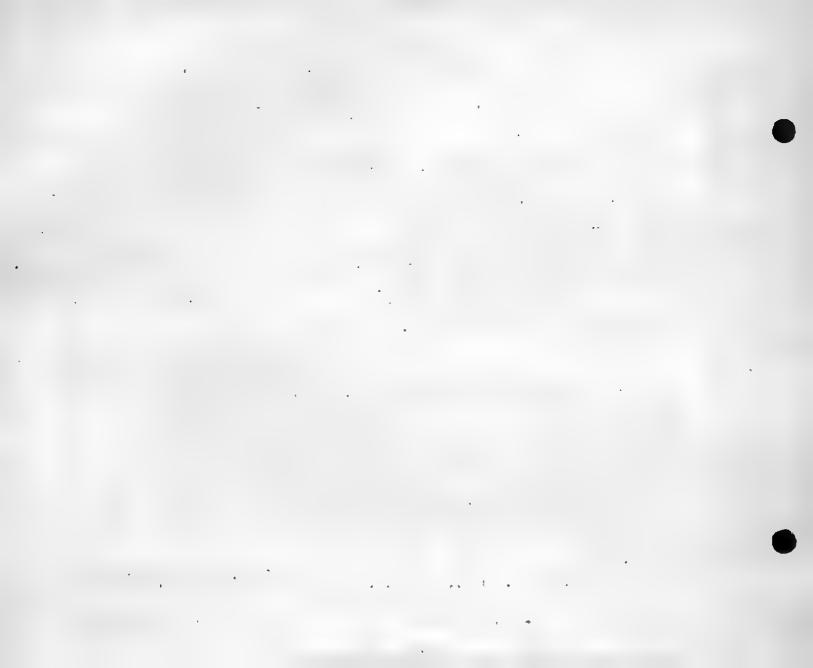


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03023 CERTIFICATE OF DEATH Middle Last DECEASED NAME First 20 DATE OF DEATH 2b. HOUR signed by the ottending physician bad confipletely filled in by the funeral burial-transit permit. Then please remove corbon papers: Pages 1 and 2 burial, cremation, or removal, and in ≡ny event, within 72-hours after death. within 24 hours after death HANNAH JAMES Month 2 (Type or print) RUTH 5 DATE OF BIRTH 3. SEX 4. RACE IF UNDER YEAR IF UNDER THE PIKS. 6. AGE (In years DAYS WHITE 1.19,1897 lost prighday) HOURS FEMALE 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8 MARRIEDX NEVER MARRIED country) MARYLAND WASHINGTON U.B.A. DIVORCED [7] WIDOWED [7] 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR INDUSTRY HAGERSTOWN COUNTY 13a USUAL RESIDENCE (Where deceased lived if institution Residence before 13c CITY OR TOWN be 136 INSIDE CITY LIMITS? 13e. STREET AND NUMBER MARYLAND COUNTY ASHINGTON RURAL RURAL 2 WILLIAMSPORT ехесп 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First M.ddle Lost Middle METCALF CARLTON MENTZER ANNIE requires that the death certificate MD 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address (If yes give wor or dates of service) Yes, na grunknown) 217.09.2761 JAMES RURAL 2 WILLIAMSPORT FRANCIS W 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (t).)

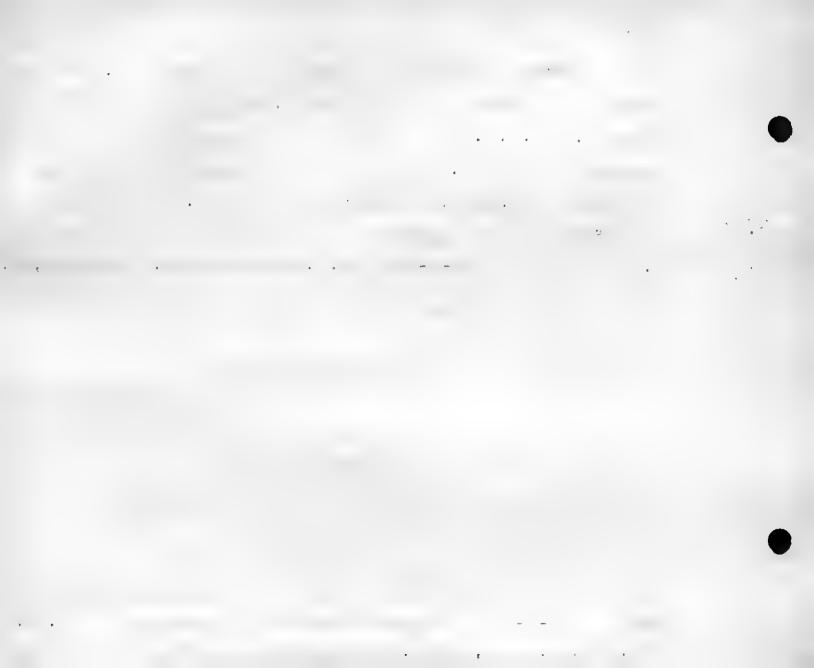
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IMMEDIATE CAUSE (a) Arteriosclerotic heart disease with 1961 (8yr DUE TO, OR AS A CONSEQUENCE OF Congestive failure Canditians, if ony, which gave rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or ottending physicion stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES T NO K 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) or contributing cause of DEATH HOUR A.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not white at work . 19 61 to Feb. causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE PHYS Washington Street West 22a. ADDRESS 22d. PHYSICIAN'S B. Kneisley, M.D. NAME (Type) Maryland Hagerstown 230. BURIAL, CREMATION, REMOVAB (Spenty) AL 23c. NAME OF CEMETERY OR CREMITORY 23b DATE 23d LOCATION (City or Town) (County) 2.8.69 WILLIAMSPORT GREEN LAWN WASHINGTON REGISTRAR'S SIGNATURA ADDRESS FUNERAL DIRECTOR DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03823 CERTIFICATE OF DEATH Last 1. DECEASED-NÂME Middle 2g. DATE OF DEATH 2b. HOUR (Type or print) requires that the death certificate be executed within 24 haurs after deat Month Teddy Jefferson Roosevelt Feb 1969 4 RACE 5. DATE OF BIRTH 6 AGE (in years 3 SEX IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) HOURS Oct 10 1910 Male Colored YRS attending physician and completely rilled in y permit. Then please remove carban papers. Pron. ar rem≡val, and in any event, within 72 hour 7b. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED 🔀 NEVER MARRIED 🗌 Richmond Va WIDOWED [DIVORCED [Washington 12a. USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR W shington during most of working life, even if retired.)
COOK INDUSTRY Hagerstown Md County Hosp 13a USUA: RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER YES X 35 W.North Hagerstov 14. FATHER'S NAME First Middle Last 15 MOTHER'S MAIDEN NAME First Middle Unknow Louise Jefferson 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, na, ar unknawn) If yes give war or dates of service) signed by the attending physi burial-transit permit. Then pl burial, cremation, ar remmad, 216-14-6599 Mrs. Tucy Jefferson 35 W. 18. CAUSE OF DEATH (Enter only one couse per line fac-(a), (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
!MMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) Carobient rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. af Health priar to PLAT CIRCA 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g, DATE OF OPERATION 96. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES [77] NO T 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 216 TIME OF INJURY OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State White Not while at work 22a. I certify that (1) (this hospital) attended the deceased from 2/2/, 1967, ta 2/2/, 1967, that (1) (we) last saw the deceased alive an 2/28 1967, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did-not) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE PHYS. PHYSIC AN'S 22e. ADDRESS 217 W. WASHINGTON STREET HAGERSTOWN, MARYLAND EDWARD W. DITTO, III, M.D. NAME (Type) 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION. (Caunty) REMOVAL (Specify) 3-4-1 369 Rose Hill Cemeterv Hagerstown Wash **ADDRESS** REGISTRAN 19692b. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR VR A15 | 30M REV DATE



MAKTLAND STATE DEPAKTMENT OF HEALTH



1		03030	DIVISION		, 301 W. PRESTON ST CERTIFICATE OF		RE, MARYLAND 21201	030	23
E TERE		ECEASED-NAME	First	Middle	Last	2a	DATE OF DEATH		2b, HOUR
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PHY Phy b ho iis co toch toch	~	21d. INJURY OCCURRED While Not while at wark	21e. PLACE OF INJ	OFFICE BUILDING, ETC.	ACTORY) 21f. LOCATION Stre	et at R.F.D. No.	City or Town	County	State
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MAKTLAND STATE DEPARTMENT OF HEALTH



1		03031	DIVISION OF VITAL RECORDS		TREET, BALTIMORE		03027
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hysician en please avai, and i	160	WAS DECEASED EVER IN . S. ARM	ED FORCES? The doing of service) The doing of service) 16b SOCIAL SECURITY 214-05-		HAZEL M.	DENNIS Address	MD.
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_	MARTLAND STATE DEPARTMENT OF HEALTH	
1	03032 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	028
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OR AT be retail	226 SIGNATURE M. D DEGREE PHYS G MED STAFF 220 DATE SIGNET 226 DATE SIGNET 227 DATE SIGNET	
TO HOSPITAL OR ATTEND Page 4 may be retained To FUNERAL DIRECTOR: A director, page 3 shauld s, should be filed with the 9.	22d. PHYSICIAN'S CHARLES F. HESS M.D. 22e. ADDRESS MID. 2119771784 A.C. MID.	
Page To Fust direct	230 BURIA CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) ST. PETERS R.C. CHURCH HANCOCK WASH.	(State) MD •
VR A15	24 FUNERAL DIRECTOR 250 RECD BY REGISTRAR 250 RECORDARS S GNATURE 11 J. Market 1989 Hillians	Jusque



		3033 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREE	ET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIF	ICATE OF DEATH	3000
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deloy is and 3 to M3 Page	1	CARMEN DONALD	KEPHART DEATH MATED FEB. 1	.5 19696: 30M
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Page Page Page Page Page Page Page Page		ise to immediate cause (a). (b). DUE TO, OR AS A CONSEQUENCE OF		
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tiffical delayers of the control of	3) H	O EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy Year 21c HOW HOUR A.M	INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item	18.)
VER cer cer houl lles. sho	MEDICAL	CAUSE OF DEATH P.M. 19		
	×		ION Street or R.F.D. No. City or Town (County Stote
pepury sessary, please execute the cert e funeral director. Page 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 shou ealth prior to buriol, cremation,		WHILE NOT WHILE 1 foctory, office building, etc.) AT WORK AT YYORK		
AL Sexec For For		22a. I certify that I taak charge of the remains described above, held a		and in my opinian
essary, please esfuneral director. To be retained on the prior to but the prior the prior to but the prior		death resulted fram: Natural couses 📆 , Accident 🔲 , Suicide	e 🔲, Hamicide 🔲, Undetermined manner 🔙	J
please I directo retained or to b		ACTUAL CONTROL THE PARTY OF	CHIEF MEDICAL EXAMINER	
JTV.		SIGNATURE (1)	M.D ASSISTANT MEDICAL EXAMINER 22b DATE SIGN DEPUTY MEDICAL EXAMINER [X] 2/17.	
o DEPUTY necessary, the funera 5 may be 5 may be 6 FUNERA Health pr		EXAMINER'S E. W. DITTO, JR., M.D. NAME (Type) 215 W WASHINGTON ST., HAGE STOWN, 1	DEPUTY MEDICAL EXAMINER \(\big \) \(\alpha / 17 \) ADDRESS(Street, city, fown, or county)	109
TO DEPUT necessary the funer 5 may be TO FUNERJ Health p	230	BUR AL, CREMAT ON, 236 DATE 230 NAME OF CEMETERY OR CREM		ounty) (State)
		REMOVAL (Specify) P.U. IAL 2/18/69 KEXX F.EST HAVE		11
	24	MERAL DIRECTOR ADDRESS	250 RECD BY REG STRAR 25b REGISTRAR'S SIGN	NATURE
VR A15ME (5) 10M REV 1/68	4	elsos Fouser HAJETSTOWN, MALYLAND	PFB 1 9 1969 1 Contag	Section



1		03034	DIVISION OF V		301 W. PRESTON ST ERTIFICATE OF		E, MARYLAND 21201	03030	
etath.		CEASED-NAME Firs		Middle Middle	LAMET		DATE OF DEATH Month DO BRUATIY 9	Year _	2b. HOUR 7 a.M
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24 haur.	7o. l	SIRTHPLACE (State or foreign artry)	76 CITIZEN OF WHA CANADA		hal-M	RCED	WASHINGTON		Md.
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rrificate be executed with physician and campletely en please remove carbat aval, and in any event, wi	13o. odm	USUAL RESIDENCE (Where deceasion) STATE ONTATIO	ased lived, if institut or 136. COUNTY	n. Residence before	TONONTO	AES NO NO	13e STREET AND NUMBER 24 MANLONS	AVEUE	
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fificate hysiciar n pleas val, and	166	WAS DECEASED EVER IN U.S. AF	RMED FORCES? I war or dotes of service)	6b. SOCIAL SECURITY N	O. 17 INFORMANT THOMAS I	AMPETH	26 Address SCARPOROUGH		0
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AN: The law requires that are attending physician icate has been signed by far use as the bunal-traffectory. Health priar to burial, cre	CERTIFICATION	PART 2 OTHER SIGNIFICANT CO	(c)	1. 1.	PORMED 200 AUT	CERCIOPSY?	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?		RTIFYING
PHYSICIAN: 1 te haspital ar his certificate etached far us Dept. af Healt	MEDICAL CER	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DI (If either, notify medicol exor	HOUR A.M.	Month Doy Year			re of injury in Port 1 or Port 2 City or Yawn	County	State
DING PHY I by the h After this I be detact State Dep		While to work at work 220. I certify that (I) (I saw the deceased causes stated abo	this bospital) atter	aded the decease	ed from 7	11 190	to BPC, 1 death occurred on the c	that dole and hour o	(I) (wé) los and from the
g & 8, 5 a	6	22d PHYSIC, AN S	The Chi	may	ZPEGREE ATTEND PHYS 22e AD	DRESS	OR STAFF	c. DATE SIGNED 4/9/69	
TO HOSPITAL OR Page 4 may be r O FUNERAL DIRE director, page 3 should be filed v	230	DEMOVAL (Specify)	DATE		CEMETERY OR CREMATORY JEN MEMORIA	230	L LOCATION (City or Town)	TOWN, ED (County) ONTARI	(Stote)
VR A15 (4)	24.	FUNERAL DIRECTOR		ADDRESS	MA ZYI AND	25o. REC D BY REC		R'S SIGNATURE	

MAKTLAND STATE DEPARTMENT OF HEALTH



			DEPARTMENT OF HEA		
*	03035	F VITAL RECORDS, 301 W. I			IV 10. 6
			CATE OF DEATH		031
at a	1 DECEASED NAME First (Type or print)	Middle		o DATE OF DEATH Month Day	Year 2b HOUR
hours after death n by the funeral s Pages 1 and 2 hours after death	Beulah	<u>{lizabeth</u>	Lizer	February 3	1969
offer a	3 SEX 4 RACE	ful a	5 DATE OF BIRTH	6 AGE (In years last birthday) 8 YRS	FUNDER 1 YEAR IE LINDER 24 HRS
Pog 4	Gemale	White	May 13,1887		
104 d 204	To BIRTHPLACE (State or foreign 7b CITIZEN OF V	MAKKIED	I HE TEK MINKKIED	OUNTY OF DEATH	
ed open	Washington Co.Md.	USA WIDOWED		Washington	٨
id de get		NAME OF HOSPITAL OR INSTITUTION (IF e street opdress) Fluction Monor Nu	not in hospitol 120 USJAL O	CCUPATION (Kind of work done of work no ife even tretired)	126 KIND OF BUSINESS OR INDUSTRY
witely wil	Hazerstown 130 USUAL RESIDENCE (Where deceased lived, if instit.	Flueton ("lanox Num of the Residence before 1:3c (ITY O		Housewife	Own Home
be executed within 24 hours after death and completely filled in by the funeral exercise carbon papers. Pages 1 and 2 in any event, within 72 hours after death	odmissipp) STATE 131 COUNTY.		ALC LED NO	13e STREET AND NUMBER 434 Salem Ave	
5 6 A	14 FATHER S NAME First Middle		TATOWN TES NO L	Middle	
and		iah Grench	Carr		Cost
	IAA WAS DEFEASED EVER IN IT'S ARMED ENDIES		INFORMANT	Address	Everhart
at page 19	Yes, no or unknown) (11 yas give war or dates at service)			05 S.Mulberry St	dage ratour
cert nav	18 CAUSE OF DEATH (Enter only one couse per		,	o garmacou oc	AFFROX MATE INTERVAL
odine	PART I. DEATH WAS CAUSED BY	Cerebrel H	amorrhage		BETWEEN ONSET AND GEATH
de de mitter	IMMEDIATE CAUSE (o)	AS A CONSEQUENCE OF			40348
the c	Conditions, if only, which gove)	Hypertenci	12 Vaycular	Directe '	4455.
that n by the dans dans	rise to immediate couse (a), (DUE TO, OR	AS A CONSEQUENCE OF		0.400	
ed bed bed bed bed bed bed bed bed bed b	iost (c)	Arterioscler	osis - Sen -		Yrs.
phy phy sign suric	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIB			ITION GIVEN IN PART 1(0)	
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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed by the haspital ar attending physician. NIRECTOR: After this certificate has been signed by the attending physitian and consistent the stacked far use as the burial-transit permit. Then please-sembled with the State Dept. of Health prior to burial, crematian, ar remayal, and in any	190 DATE OF OPERATION 196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
등 등 등 등 등 X			YES NO	CAUSES OF DEATH?	
AN: all ar cate ar L		OF INJURY 21c h	HOW INJURY OCCURRED (Enter not	ure of injury in Port 1 or Port 2, It	em 18)
prid the part of t	(If either, not fy medital examiner) P.M.	19			
ho h	21d INJURY OCCURRED 21e PLACE OF INJURY While Not while	(AT HOME, FARM, STREET, FACTORY,) 21f 1	OCATION Street or R.F.D. No.	City or Town	County State
te Det	FOI WOLK DI WOLK				
DIN Pe Sto	22a I certify that (I) (this hospital) at saw the deceased alive on	tended the deceased from	19 57	, to <u>Feb.3</u> , 194	2.9 , that (1) (we) a
ATTEN stained crok: d should ith the	couses stated above, (i) (we) (did	(did not) view the bady after	death.	i nealti accorred bii lile dât	e ona roor ana tram m
t ATTENDING PHYSICI retained by the haspit ECTOR: After this certif should be detached with the State Dept. af	22b. SIGNATURE	. 11		22c. D	ATE SIGNED
OR DIR	Planda. 4	Loff DEG	REF PHYS MED DIREC	TOR STAFF D 2/	5/67
AL AL	22d PHYSICIAN S O NAME (Type)	// TEL	22e ADDRESS	+ + 1	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transhould be fled with the State Dept. at Health prior to burial, crer	21072 1	HOLL MEN		otomecst.1	
HC age FUI	230. BURIAL, CREMATION, 23b DATE REMOVAL (Specify)	23c. NAME OF CEMETERY OF		d LOCATION (City or Town)	(County) (Stote)
5 5 2	REMOVAL (Specify) SWIAL 24 FUNERAL DIRECTOR	Rest Haven		Hagerstown-Wash	
VR A15	Rest Haven Juneral Cha	0.0	250 REGIO ENDE	CIDIKAK 12 CAN KERIZIKAK 2 2	BIGNATUK (MA
42M 1100	Lear Naven Juneau (10	per nugeronow	1,11d. DATE		



3	1		63036	DIVISION OF	VITAL RECORDS,		ATE OF D		IKE, MAK	TLAND 21201	0303	5
	F 2 F		CEASED NAME First		Middle		Lost	2	o. DATE OF D	EATH		2b. HOUR
•	death.	(1	ype or print) ANNA		Serita	L	LLOYD		F	eb Loy	1969	1 A M
	after age	3. SE	X	4 RACE			5 DATE OF BIRT	TH		6. AGE (In years	IF UNDER YEAR	IF UNDER 24 HRS.
	古人生态文		Female	Wh	ite		JULY 2	28, 1894	,	last birthday) 711 YRS.	MONTHS DAYS	HOURS MIN.
	a a a	7o E	BIRTHPLACE (State or foreign	76 CITIZEN OF WH.	AT COUNTRY?	8. MARRIED F	NEVER MARRI	15D 9. C	OUNTY OF I			
	in in ers 2 h	cour	Maryland	U.S.A.		WIDOWED 5			WASH	INGTON		Md
	in 24 filled pap hin 7	10 (ITY OR TOWN OF DEATH	11 NA	ME OF HOSPITAL OR INS	TITUTION (IF no	ot in hospital	120 USUAL O	CCUPATION (Kind of work done	125 KIND OF	BUSINESS OR
	table be executed within 24 haurs train and campletely filled in but ease remove carban papers and in any event, within 72 haurs		Hagerstown	give st	reel address) hington Co	Hospi	ital	during mast o	t working h	(e. even if retired.)	INDUSTRY	
	d w letter	13o	USUA. RESIDENCE (Where deceas	ed lived, if institution	on: Residence before	13c. CITY OR	TOWN 13	36 INSIDE CITY LIMITS?		ET AND NUMBER		
	inted w implete ve carb event,	odmi	ssion) STATE MARYTAN	_ 13b COUNTY	ALLEGANY	CUMBE		YES NO [[# BED	5 BOX 112		
	Xec 1	14. [ATHER S NAME First	Middle	Lost		. MOTHER'S MAI		/_ / / / / / / / / / / / / / / / / / /	Middle		Lost
	be exect h and car se remay d in any e				Birminghar		. Wellier & William	Agne	200	Brigett	Mal	Mahon
	and	160.	WAS DECEASED EVER IN U.S. ARM		16b SOCIAL SECUR TY N		NFORMANT	want	2 <u>5</u>		#5-Box	
	W DL	Y		or or dates of corners	217-09-13		rry F.	Turi aa		Chi	mberlan	JTTS
	that the death certificans by the attending phy transit permit Then cremation, or remova	H					LLY	<u> </u>		, ,	APPROXIN	LATE INTERVAL
	4 1		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED IMMEDIA	D BY	e tar (a) (b), and (c))	a. Co	Dares .	1 hue	×	رمعلن	BETWEEN OF	SET AND DEATH
	a death attendir		IMMEDI/			7					1 6	1 man 1
	he at per		Canditions, if any which gove)	DUE TO, OR A	A CONSEQUENCE OF	0	0	- · Lle	et (Canana.	y	w.
	at the the nsit g	ŀ	rise to immediate couse (a),	(b)		and a	() B	-C 1V				
	tra tra		stoting the underlying couse	DUE TO, OR A	S A CONSEQUENCE OF							
	physician. physician. signed by the burial-transit burial, cremat			(c)	INC TO DEATH BUT NO	N DELATED TO	THE TERMINA	DISTACT AD COUR	TION COUNT	(b) DaDT 1(-)		
			PART 2. OTHER SIGNIFICANT CON	IDUIONS COMIKIBUI	ING TO DEATH BUT NO	JI KELATED IU →	THE TERMINAL	DISEASE OKCOND	ITIUN GIVEN	IN PAKT 1(0)		
	PHYSICIAN: The law re the haspital or attending this certificate has leen tetached for use as the e Dept of lealth prior to	₩ 10¥	19g. DATE OF OPERATION 19b		CH OPERATION WAS PER	CODMED	20a. AUTOP	run.) ani. ir	YES, WERE FINDINGS C	ONCIDEDED IN CE	DTICVING
	e law tendin as leel as th priar t	CERTIFICATION	TYG. DATE OF OPERATION 190	CONDITION FOR WHI	LM OPERATION WAS PER	GOKMED	9 40			OF DEATH?		KIIFTING
	E page /	ERTI	210 ACCIDENT WAS UNDERLYIN	lo lau aus ar	MARINE STATE OF THE STATE OF TH	Les us	YES 🔀	NO 🗆		/		
	AN: The all or at all or a		FIGOR CONTRIBUTING FIGAUSE OF DEAT	H HOUR A.M.	Month Day Year	21c. HU	JW INJUKT UCCU	IKKED (Enter not	ture or injury	in Port 1 or Part 2,	Item 18.j	
	SICE Spite and a s	MEDICAL	(If either, natify medical exami	ner) P.M.	19							
	G PHYSIC the haspi this certi detached te Dept at	2	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME. FARM, STREET, FAC OFFICE BUILDING, ETC.	10RY) 21f. ±0	CATION Street	or R.F.D. No.	Erty o	ar Town	County	State
	the det		While Not while at wark				127	/	7	2 /	19	
	ENDING ned by the R: After the nid be de the State		22a. I certify that (1) 2th saw the deceased a	is Kospifal) atte	nded the decease	d trom	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	19 0	_ , fa	, 19	of, that	(I) (XXXX) lost
	Be de		causes stated above	ilve ou———	did not) view the	hody ofter i	i mar m (my ieath.	1Xabri ahiina	n ueath o	correa on the ac	ne ana naur a	and from the
	Sho sha		22b SIGNATURE PC			Jan 1 3 1 1 2 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1				220	DATE SIGNED	
	TAL OR ATTENI may be retained may be retained page I should be filed with the		0.	H0/200	yen	DEGR	EE PHYS	MED DIREC	TOR .	STAFF D 2/	3/69	
	TAL On the property of filed		22d. PHYSICIAN S		()		22e ADDR	ESS				
	TO HOSPITAL OR ATTENDING PHYSICIAN: The Page 4 may be retained by the haspital or attent TO FUNERAL DIRECTOR: After this certificate has director, page I shall be detached for use as should be filed with the State Dept at Mealth principle.		NAME (Type) DAVI	D J BOYE	t, M.D.		136 N	POTOMA	C ST.	, HA TERSTO	WN, MD.	
	Page 4 m Page 4 m D FUNER, director, should b	23o.	BUR AL, CREMATION, 23b.		23c, NAME OF	CEMETERY OR	CREMATORY	23	d LOCATION	(City or Town)	(County)	(Stote)
	55 5 9 4 V		BUTTAL (Specify) 2/	3/69			rial Par			land Alle		yland
	VR A15 (4).	24	FUNERAL DIRECTOR		ADDRESS	2.		2Sa. REC'D BY RE		25b. REGISTRAR'S		
	30M REV, 1/68	S	ilcox-Merritt 1	Funeral S	ervice Cu	mberla	and, Md	DATEFEB	5 19	69 11/1/10	relan Caco	102

MAKILAND STATE DEPAKTMENT OF HEALTH

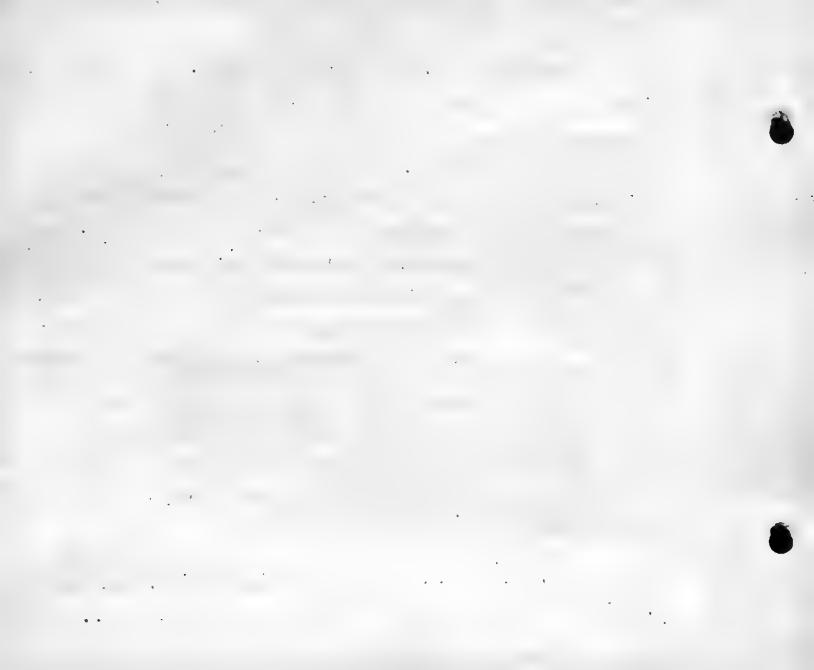


./ 11 1				D STATE DEPARTMENT OF H 301 W. PRESTON STREET, BALTI		
1		03037		ERTIFICATE OF DEATH	030	33
thin 24 havrs after death. If ited in by the funeral in papers. Pages 1 and 2 tithin 72 havrs after death.		CEASED NAME First ype or print)	Mrddle	Lost	20 DATE OF DEATH Month Dov	2b HOUR
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death, be retained by the haspital ar attending physician. Sirector: After this certificate has been signed by the attending physician and compressly fixed in by the funeral e 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 ad with the State Dept. af Health priar ta burial, cremation, ar remaval, and in any event, within 72 haurs after death.		Dotot		Lynch	Jebruaru 25	1969 M
frer e fu	3 SE		4. RACE	5 DATE OF BIRTH	6 AGE (In years IF	UNDER YEAR IF UNDER 24 HRS.
rs a Pagi		Gemale	White	December 23,	1920 48 YRS.	
hau hau	70 E	IRTHPLACE (Stote or foreign 7 try)	b CTIZEN OF WHAT COUNTRY?	HINTOUR PLANT HONORIED	COUNTY OF DEATH	
24 Page 27	4	ny) agerstown, Md. ITY OR TOWN OF DEATH	USA	WIBOWED DIVORCED	Washington	Md.
	10 0	IT UK TOWN OF DEATH	11 NAME OF HOSPITAL OR INS give street address)	1 TUTION (It not in hospital 12a USUA	L OCCUPATION (Kind of work done st of working life, even if retired.)	126 KIND OF BUSINESS OR INDUSTRY
and	134	Hagerstown	give street address) Washington. (lived, if astitut an Res dence before	Co. Hospital H	st of working life, even if retired.) OUSEWISE LIST 13e STREET AND NUMBER	Own Home
equires that the death certificate be executed within physician. signed by the attending physician and compretely fiburial-transit permit. Then please remave carbon burial, cremation, ar remaval, and in any event, with	odmi	SSION) MARYLAND		Hagerstown YES NO		
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be ed and in a		Louis	nun Meyer			Phillips
ste cian and	160	WAS DECEASED EVER IN U.S. ARMED	FORCES? 166 SOCIAL SECURITY N	O 17. INFORMANT	Address	7100000
fiffice hysi	γ.	es, no, grunknown) (If yes give war	216-14-505	10 Mr. R.P. Lynch 2	2 Broadway Hager	stov n. Md.
cer The P		18 CAUSE OF DEATH (Enter only	one couse per line for (o), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ar re		PART I. DEATH WAS CAUSED I	one couse per line for (o), (b), and (c).) 3Y. CAUSE (o)	Purumonia		3 days
affe an,		LL91 X	DUE TO, OR AS A CONSEQUENCE OF			mann
the the nath		Conditions, if only, which gave rise to immediate couse (a),	(b)	Chr. Lonelitis		Muss -
tho by tran		stating the underlying couse(DUE TO, OR AS A CONSEQUENCE OF			3
ires ysic ned rial-		lost.	(c)			
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ding ding the artc	NOI	190 DATE OF OPERATION 196 CO	Jevenz chia Co	FORMED 200 AUTOPSY2	20b IF YES, WERE FINDINGS CONS	SOCIETA IN CENTIFVING
he k International has be as as a	CERTIFICATION	170 DATE OF OTERASION 170. CC	MIDITOR TOK WINGS OF EKATION WAS FER	YES NO	CAUSES OF DEATH?	SUCKED IN CERTIFIENG
ar of the half	CERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		noture of injury in Port 1 or Port 2, Item	n 18 \
CIAN ital	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day Year P.M. 19	(======================================	2, 1101	
JING PHYSICIAN: The law requires the by the haspital ar attending physician. Ifter this certificate has been signed by be defached far use as the burial-transtate Dept. af Health priar ta burial, creases.	Σ	21d INJURY OCCURRED 21e Pi	ACE OF INJURY AT HOME FARM, STREET FAC	ORY.) 21f. LOCATION Street or R.F.D. No.	City or Town	County State
he h		of work of work				
ING by t ffer be c		22a. I certify that (I) (this	haspital) attended the decease	d from 10-20, 1919	144, to 7-23,719 6	9, that (I) (we) last
END Red Pld The (saw the deceased alw	re an Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	d from 10-20, 1919 9 64, and that in (my) (bur) apin ady after death.	ian death accurred an the date	and haur and from the
ATT Short the state of the stat		22b. SIGNATURE		c	22c. DAT	'E SIGNED
OR ATTENE be retained birECTOR: A ge 3 shauld led with the	Ш	Jeth	as Ito form bakers	DEGREE PHYS ATTENDING ME	ED. STAFF PHYS	
TAI Ody I		22d PHYS.CIAN'S NAME(Type) John	H. Hornbaker, 1	220. ADDRESS 154	Test Washington Serstown, Ed. 217	100
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior ta						40
O HOS Page / O FUN direct	230	BURIAL, CREMATION, 23b. DA REMOVAL (Specify)		EMETERY OR CREMATORY		(County) (State)
5-5-2	24	REMOVAL (Specify) Surviul FUNERA, DIRECTOR // D	28/69 Rest	daven Cemetery 250 RECD BY	Hagerstown-Washing REGISTRAR SIG	ngton-l'id,
VR A15	24	Rest Haven Fun	eral Chapel Hage	erstown, Md. BATMAR	3 1969 Filliand	Ly Constalla
		rest Naven Jun	erun cruper May	ENERGY BAILTING	0 1000 //	A.C.





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		02020	DIVISION C	OF VITAL RECORDS,	301 W. P	RESTON STREET, BALT	IMORE, MAR	YLAND 21201	0.000	
•		03039		(ERTIFIC	ATE OF DEATH			9303	5
ج 25		CEASED-NAME First		Middle		Last	2a. DATE OF I	DEATH		2b. HOUR p
death.	(T	ype or print)	AN	-11.	M	ACRUDER	Feb.	Month 26 Day	1969	3:45M
D 10	3. SE		4. RACE			S. DATE OF BIRTH		6. AGE (In years		IF UNDER 24 HRS.
E E E E		Mals	1	Negro		1/5/13		last birthday) YRS.	MONTHS DAYS	HOURS MIN
A ho		IRTHPLACE (State or foreign		WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY OF			
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n 2 n 2 illed	10. C	ITY OR TOWN OF DEATH	11	NAME OF HOSPITAL OR INS	TITUTION (If n	et in haspital 12a USU	AL OCCUPATION	Kind of work dane	126 KIND OF B	USINESS OR
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after etained by the hospital ar attending physician. CTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remave carban papers. Pages with the State Dept. af Health prior to burial, crematian, or remaval, and in any event, within 72 hours after		HAGERSTOWN	W W	e street address) ESTERN MD.	STATE	HOSPITAL during m	aborer	fe, even if retired.)	INDUSTRY	
d'.w	13a	USUAL RESIDENCE (Where decease	ed lived if insti	tutian. Residence befare	13c. CITY OR	TOWN 13d. INSIDE CITY I	LIMITS? 13e. STR	EET AND NUMBER		
E A B S S	admi	ssion) STATE Maryland	13K COUNTY	Carroll _	Westm	inster YES 🔀 N	0□ 70	Charles S	treet	
		ATHER S NAME First	Middle	Lost	15	MOTHER'S MAIDEN NAME	First	M.ddle		Lost
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ed No		saw the deceased a causes stated abave	ive an	id) (atternat) view the	9 <u>07</u> , an bady after:	d that in (my) (&&) ap death	inian death a	ccurred an the da	ite and hour a	nd fram the
Frie of the		22b. SIGNATURE	(i) fame) (di	(Litter Co.) Alexa III e	oudy arres			22¢.	DATE SIGNED	
OR /		Chon	a Ch	ma Has	✓ DEGI	REE PHYS	MED. DIRECTOR	STAFF DE	2/27/69	
M C		201 DUVCICIAN'S	J LVL	O DYL TRAZE				l. State H	ospital	
PIT, me		NAME (Type) Choi	ng G. H	an, M.D.		1500 Penn	sylvania	Ave., Ha	gerstown	1, Md.
Page 4 may be retained by the hospital ar attending physician. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of Page 4 may be retained by the hospital ar attending physician and completely filled in by me director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Page should be filled with the State Dept. of Health prior to burial, crematian, or remaval, and in any event, within 72 hours are assigned.	23a	BURIAL, CREMATION, 236	DATE	23c NAME OF	CEMETERY OR	CREMATORY	23d LOCATIO	N (City or Town)	(County)	(State)
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VR A15 (4) 45M 1/69	24	funeral director Minnich Funer	ral Home Hagerstown	, Md. FEBE 28 8 19	AR 25b, REG STRAR S S	IGNATURE



1	3/10/69 kkDivision of vital records, 301 W. Preston Street, Baltimore, Maryland 21201
FOR STATE	13041 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1 DECEASED-NAME First Middle Last 2a DATE KNOWN Month Day Year 2b Hol
z o e /2 /	(Type or Pr.nt) WOOD ON WILSON MORE OF ESTI 2 27 1969 3 20
y delay and 3 M3. Po	3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (In years 14 JMOER 1 YEAR 1F UNDER 24 HRS. 2c DATE PRONOUNCED DEAD 2d HOI
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	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT 746 ADDRESS A WAS (I.I. TON ST. (Yos, ng. or unknown) (If yes give won or dates of service)
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	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21t. IOCATION Street or R.F.D. No. (ity or Town County State
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ical Examinates execute the director. Page 4 etained for your DIRECTOR: Page in to burial, creminates to burial, creminates of the director of	WHILE NOT WHILE CAT WORK AT WORK
ICAL EXA to execute for. Poge ad for you CTOR: Pog burial, cre	22a. I certify that I taak charge of the remains described above, held an Autapsy, Inspection Inquiry, and in my apin
olease ey director.	death resulted from: Natural causes 🖳 Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined manner 🔲
JTY please erol director be retained RAL DIRECT prior to bu	ACTUAL SO CHIEF MEDICAL EXAMINER CONTRACTOR SON DATE STORY
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o DEPUTY necessory, p the funerol S moy be re D FUNERAL Health prior	EXAMINER'S A. W. DILTO, W., M.D. DEPUTY MEDICAL EXAMINER A 2/28/39 NAME (Type) 215 W NASLILL TOLL ST., A ILSTO AL, D. ADDRESS(Street, city, town, or county)
The state of the s	23d BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (Caunty) (State)
	REMOVAL (Specify) 3/3/69 ST PAUL'S COLLIE Y Lt #2, HA E STOWN, WASHINGTON,
1.14	24 FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 250 REG STRAPS SIGNATURE
VR A15ME (5)	C'Sh Ranger HA JISTCHI. JA YLAND DATE MAR 4 1969 Chambre Judge





Z, 1	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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w requing phing ph	\ <u>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </u>	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 10 10 10 10 10 10 10 10 10 10 10 10 10 1
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OR ATI DE retai DIRECTO		226 SIGNATURE JO M. Poreum cula M. R DEGREE ATTENDING DIRECTOR PHYS. 22c. DATE SIGNED 2/22/69
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MARYLAND STATE DEPARTMENT OF HEALTH



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03049 03845 CERTIFICATE OF DEATH DECEASED NAME Errst Lost 20 DATE OF DEATH 2b HOUR (Type or print) Month 28 Doy 69 Year Marv Lou Reburn 3. SEX 4. RACE executed within 24 haurs after 5. DATE OF BIRTH AGE (In years IF UNDER 3 YEAR F JNDER 24 F#S 150 birthday) female white 11-24-1918 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED signed by the attending physician and completely filled in burial-transit permit. Then please remove carban papers burial, crematian, ar removal, and in any event, within 72 h country) USA Washington WIDOWED A DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUS NESS OR 9 Watest producess) Co during reger of working life, even if ret red) Hagerstown Hospital Meryt. Store 3a USUAL RESIDENCE (Where deceased lived, if institution Residence before 3c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE Md. 13b COUNTY Wash. Hagerstown YES 🔲 Rd. 14 FATHER'S NAME Middle Last IS MOTHER'S MAIDEN NAME First Middle Last George F. Summers PHYSICIAN: The law requires that the death certificate be Myrtle Lou Summers 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, ar unknawn) [(If yes give war or dates of service) 239-30-0529 Brenda Lou Maats Hagerstown, Md. 18 CAUSE OF DEATH (Enter only one cause per line to; (a)
PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (o) _and (g), DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate cause (a) signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior ta 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO [YES IT 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 23c HOW INJURY OCCURRED (Enter noture of mjury in Port 1 or Port 2, Item 8) OR CONTRIBUTING CAUSE OF CEATH HOUR AM Month Day Year (If either, natify medical examiner) 21d. (NJURY OCCURRED (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town State County While Nat while at work OR ATTENDING 220 I certify that (I) (this haspital) oftended the deceased from 19 0 and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive on L causes stated obove, (1) (we) (did) (did not) view the bady after death 22b SIGNATURE DEGREE PHYS. 22d PHYSICIAN'S 22e. ADDRESS NAME (Type) 23a BURIA, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (State) PRIMOUS (Specify) Rose Hill Cemetery Hagerstown, Md. 24 FUNERAL DIRECTOR ADDRESS Minnich Funeral Home Hagerstown, Md DAIL



	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	The state of the s	
e e	Item4 FilmG409 2/13/69 kk CERTIFICATE OF DEATH	
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er death	(Type or print) Chice Fleanor Robinson February 5 1969 4	Z. A.A.M.
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be Stat	22a. I certify that (I) this temptal) attended the deceased from 1117, 1965 to Feb., 1969, that (I) c saw the deceased alive an Aug. 28 1968, and that in (my) (evr) apinion death accurred on the date and hour and f	X e) last
OR ATTENDIN OR ATTENDIN Se retained by MRECTOR: After e 3 shauld be	saw the deceased alive an Aug 1908, and that in (my) (ever) apinian death accurred on the date and hour and f	ram the
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VR A15 (A)	24. FUNERAL DIRECTOR 1 (O) 1/1 (ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE	
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MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03052 03048 CERTIFICATE OF DEATH First 1 DECEASED NAME Middle Last 2a DATE OF DEATH 2b HOUR To be (Type or print) Month Yeor MABEL ELIZABETH RUTH February 1969 S DATE OF BIRTH 6 AGE (In years IF JADER 24 HRS IF UNDER I YEAR last birthday) HOURS Female White ovember 25 1891 24 hours signed by the attanding physicion and completely filled in blancial-transit permit. Then please remove corbon papers buriof, cremation, or removal, and in any event, within 72 hour 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED Penna U.S.A. WIDOWED | DIVORCED [Washington ID CITY OR TOWN OF DEATH IT NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done executed within 12b KIND OF BUSINESS OR give street address) during most of working life, even if ret red.) INDUSTRY Hagerstown Wash County H. ospital
130 USUAL RESIDENCE (Where deceased lived, it institution Residence before 1/3c city OR TOWN ousewife 13d HNSIDE CITY LHALTS? 13e STREET AND NUMBER admission) STATE Maryland Washington YES NO agerstown East Irvin Ave 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Last physicion c Sollenberger B. Elizabeth Lesher requires that the death certificate 160. WAS DECEASED EVER IN L.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Yes, no. ar unknawn) [(III yes give war or dates of service) None M./Ruth 17 East Irvin Ave Donald nadefstown 18 CAUSE OF DEATH (Enter only one cause per me for (a), (b) and (c)) BETWEEN ONSET AND DEAT PART I DEATH WAS CAUSED BY +MMED-ATE CAUSE (6) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) MARROLA rise ta immediate cause (a). stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) rrector, page 3 should be detached for use as the hould be filled with the State Dept. of Health prior to 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUXOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING TO FUNERAL DIRECTOR: After this certificate has CAUSES OF DEATH? YES 🖂 NO 🗔 TO HOSPITAL OR ATTENDING PHYSICIAN: 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No City or Town County Stote While Not while 22a I certify that (1) (this haspital) attended the deceased from 5 saw the deceased alive on 2./2 6/6919 , and that in (my) (our) opinion death accurred on the date and hour and from the be retained causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE MED. DIRECTOR MICH OF GREE 22e ADDRESS 363 S. Cleveland Ave. Hagerstown, Md. 22d. PHYSIC ANS NAME (Type) Edson B. Moody, M.D. 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION 23b DATE 23d LOCATION (City or Tawn) (County) (Stote) B urial Cemeterv Hagerstown Wash Co Md 24 FUNERAL DIRECTOR 25a REC D BY REG STRAR 25b REGISTRAP S SIGNATURE Andrew K. Coffman Funeral Home Inc DATE



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		03053	DIVISION O	F VITAL RECORDS,	301 W. PRESTON STREE	T, BALTIMORE	, MARYLAND 21201	0.0	
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Ped Ped		saw the deceased	alive on 2.(_	1/1/1/10/10/10	900, and that in (my) (aur) apinian d	eath occurred on the dat	e ond hour on	d from the
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ER FE	ľ	NAME (Type) Ric	chard T.	Binford M.	D. 1135	Potomac	Avenue Hagers	stown, M	d. 2174
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death or Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending director, page 3 show a be detached for use as the bunal-transit perimit. It should be filed with the State Dept. of Health prior to burial, cremation, or rem	23n	BUR AL CREMATION, 23b	DATE	23c NAME OF	CEMETERY OR CREMATORY	23d I	OCATION (City or Town)	(County)	(State)
Page 7		REMOVAL (Specify)	2/7/69	Rose					()
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03 (154) 03054 CERTIFICATE OF DEATH DECEASED NAME First Middle funeral s 1 and 2 ter death. 20. DATE OF DEATH 2b HOUR executed within 24 haurs after death (Type or print) Elsie Mae February 7.41 M 3 SEX 4 RACE IF UNDER YEAR 6. AGE (In years last birthday) DAYS April 26, 1906 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED K NEVER MARRIED Welsh Run Penna. WIDOWED [DIVORCED [Washington 10 CITY OR TOWN OF DEATH 11 NAME OF HOSP TALOR INSTITUTION (If not in haspital 120. LISUAL OCCUPATION (Kind of work done give street address?

| Washington Co Hospital
| 130 USUAL RESIDENCE (Where deceased lived, 1 institution, Residence before 113c CITY OR TOWN during mast of working life, even if retired) 13d INSIDE CITY LIM TS? 13e STREET AND NUMBER NO E Route # 3 Hagerstown ar remayal, and in any IS MOTHER'S MA DEN NAME First First Last Middle lost Hambu Bingaman Harry attending physician permit. Then please ficate 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, no, ar unknawn) I (If yes give war or dates of service) Rollin Schildtknecht 3 Hagerstown, Met 577-22-6256 requires that the death cent 18 CAUSE OF DEATH (Enter only one couse per ne for (a), (b), and (c)) BETWITH ONSET AND DEATH PART I DEATH WAS CAUSED BY:

'MMEDIATE CAUSE (a) Ventricular Fibrillation 30 mins DUE TO, OR AS A CONSEQUENCE OF Candit ans, if any, which gave? Acute Coronary Occlusion 40 mins signed by the burial-transit rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cousei Unknown Atherosclerotic Heart Disease PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 ATCHTICLS, degenerative; Diverticulitis; Diabetes Mellitus. TO FUNERAL DIRECTOR: After this certificate has been detached for use as the te Dept. of Health priar ta 190 DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO I 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 181 TOR CONTRIBUTING TALAUSE OF DEATH HOUR A.M. Month Day Year (If either, not by medical examiner) 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town While Not while 22a. I certify that (1) (this haspital) attended the deceased from Jan 31 1969 to Feb 22 saw the deceased glive and Feb 22 19 69, and that in (my) (aut) apinion death accurred on the date and hour and from the causes stated above, (1) (did) (did not) view the bady after death. 22c DATE SIGNED ATTENDING Feb 24, 1969 DEGREE DIRECTOR 22e ADDRESS NAME (Type) William T. Layman, M.D. 301 E. Antietam Street, Hagerstown, Md. 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION 23b DATE 23d. LOCATION (City or Town) Hagerstown-Washington-Md. Rest Haven Cemetery Hagerstown, Md. Rest Haven Funeral Chapel





11-	MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	03056 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN SI Month Day Year 12b HOUR
	(Type or Print) Numan Joshua Shifflett OF ESTI- 2 13 691:55,
Pa 30y	3. SEX 4. RACE 5 DATE OF BIRTH 6 AGE (n years F JNORE) YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD 2d HOUR
2, and 3 to PM3. Page	Male White Jan. 19,1909 60 YRS 2 507 13 /65 1992 2:00
) a 1	70 BIRTHPLACE (Stote or foreign 7b. CIT ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH
les	WIDOWED DIVORCED Washington County Md.
After deoth On Sive Poges 1, 2, 2, 2, 2, 2, 3, 4, 4, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,	10 CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in haspital during most of working I fe, even if retired) 120 USUAL OCCUPATION (Kind at work done libb. KIND OF Business OR during most of working I fe, even if retired) 11 NAME OF HOSP TAL OR INSTITUTION (If not in haspital during most of working I fe, even if retired) 12 USUAL OCCUPATION (Kind at work done libb. KIND OF Business OR INDUSTRY Designs)
er d	Hagerstown Give street oddress Washington Co. Grant Gran
2 with deoth.	odmiss on) STATE Md. 13b COUNTY Wash. Williamspoft No X Rt. 1, Box 343
	14. FATHER'S NAME First Middle Lost 15 MOTHER'S MADEN NAME First Middle Lost
	Emory Joshua Shifflett Nettie Irene Sullivan
thin 24 miner in miner in poges to poges	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS BOX 343
l within n pencil Examine File pog	NO (14 yes give wor or dotes of service) 388-10-010/6 Mrs. Laura E. Shifflett, Rt. 1,
ed rail Est	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) WMSpt., Md. APPROX MATE INTERVAL BETWEEN ONSET AND CHATH
executed nding" ir Medical B permit. I	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Coronary occlusion Sudden
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d b d bid : Chie	nse to immediate couse (a), (b) CORONARY
should be executed wine word "pending" in perion the Chief Medical Examburial-transit permit. File I in any event within 72.	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
LEXAMINER: This certificate should be executed within 2 ecute the certificate, writing the word "pending" in pencil in Page 4 should be forwarded to the Chief Medical Examiner or your files. R:Page 3 should be used as a burial-transit permit. File pages in, cremation, or removal and in any event within 72 hours	PART 2 OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND T ON GIVEN IN PART I(a)
te, writing the storwarded to be used os a bremoval and	NO DATE OF CONTROLL OF CONTROLL FOR HUNCH ORGAT OF
certifi orwar Jsed moval	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERAT ON Trans-urethral resection 20 AUTOPSÝ? WAS PERFORMED? OF the prostate
his afte, e fo	Of the problems.
INER: The certificate certificate should be files.	21c EXTERNAL CAUSE WAS 21b TIME OF IN. URY Month, Doy Year 21c HOW INJURY OCCURRED (Enter nature of noury in Part 1 or Port 2, Item 18.)
INER e cer shoul files. 3 sho atson	PR MARY OR CONTRIBUTING HOUR A M. CAUSE OF DEATH P.M. 19 2 21d INJURY OCCURRED 2 e PLACE OF INJURY (At hame, farm, street, 21f .OCATION Street or R F D No (ity ar Town County State
SICAL EXAMINER: se execute the certicor. Page 4 should ned for your files. ECTOR: Page 3 should buriel, cremation,	WHILE NOT WHILE AT WORK AT WORK AT WORK
bical Exam bleose execute the director. Page 4 etoined for your DIRECTOR: Page or to buriol, crem	22a certify that I taak charge of the remains described above, held an Autopsy Inspection , Inquiry , and in my apinion
CTOI Form	death resulted fram. Matural causes 🔀, Accident 🔲, Suicide 📄, Hamicide 📄, Undetermined manner
pleose e director retoined or to but	CHIEF MEDICAL EXAMINER
ry, pleose eral direct be retoine RAL DIRE.	SIGNATURE MD ASSISTANT MED CAL EXAMINER 226 DATE SIGNED
PUT sany uner y be V BR	EXAMINER'S HOLLOWED BY GOODE MED DEPUTY MEDICAL EXAMINER 2/14/69
necessary, pleose ex the funeral director. 5 may be retoined for FUNERAL DIRECTO Health prior to burn	MADIKE (Type) ADDIKES (Green, Cary, 10 Mart, 61 COURTY) WAS IT I'M COURTY
2 = - 2 0 -	REMOVAL (Specify)
^ -	Burial 2/16/69 Rest Haven Cemetery Hagerstown Wash. Md.
VR A15ME (5)	C/ky. C. V 600 - FER 1 9 1000
Now were 1700	Rest Haven Funeral Chapel, Hagerstown, March 1997



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		DIVISION OF VITAL RECORDS, 301 W. PRESTAN STREET, BALTIMORE, MARYLAND 21201 03053
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exe of the second) 4	FATHER'S WAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
8 5		George E. Showers Mancy Albuntis
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equires that the death certificate be exphysicion. signed by the ottending physician and burial transit permit. Then please retriburial, cremation, ar removal, and a		WAS DECEASED EVER IN . S. ARMED FORCES? Yes, no, or unknown) (1 yes give wor or dates of service) WAS DECEASED EVER IN . S. ARMED FORCES? Yes, no, or unknown) WAS U. H. Bowers 3 Address W Rrce street WAS U. H. Bowers 3 MARTINS burg. W.
G D D D D D D D D D D D D D D D D D D D		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) REPRESENTATION (Enter only one couse per line for (o), (b), and (c))
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offe of the has	CERTIFICATION	YES NO CAUSES OF DEATH?
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Pitting Pitting	MED CAL	(If either, notify medical examiner) P.M. 19
HYS hos s ce orhe	₩.	21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street or RED No City or Town County Stote
the det in the D		at work of work
by Stat		22a. I certify that (1) (this haspital) attended the deceased from 12-27, 1968, to 3-21, 1969, that (1) (we) last saw the deceased glive on 2-38
F. A Bed F. A		saw the deceased alive on
AT September 1	-	22b_SIGNATURE 2 22r_DATE SIGNED
OR DO S	1/	MODEGREE PHYS PHYS 2-21-69
AL Doy B	ď	22d PHYSICIAN'S 22e ADDRESS //
FRA d be		NAME (Type) DR MAX BURKIT William sport Md
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial transit permit. Then please semance carbon pagers. Pages 1 and 3 should be filled with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 22 hours often death	23 c	BURIAL, CREMATION, 230 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION JC IV or Town) (County) (Store)
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	03059	DIVISION OF VITAL RECORDS, 301	TIFICATE OF DEATH	MOKE, MARYLAND 21201 03054
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fer	3 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (In years IF UNDER LYEAR IF UNDER 24 HRS last pritingly) Months DAYS HOURS MIN
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and c and c in any	14 FATHERS NAME First George	Middle Lost e Smith	IS MOTHERS MAIDEN NAME FI	erine Betts
ertificate be physician c sen please oval, and ii	160. WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SECURITY NO.	17 INFORMANY	Smith Hagerstown, Md.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ar director, page 3 shauld be detached far use as the barrial-transit permit. Then please is should be filed with the State Dept. If Health priar to burial, cremation, ar removal, and in	PART I. DEATH WAS CAUSE IMMED Canditions, if any, which gave rise to immediate cause (o), stating the underlying cause lost PART 2 OTHER SIGNIFICANT CO 196 DATE OF OPERATION 196 210 ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF DEATH ON 197 (If either, notify medical exame 21d. INJURY OCCURRED While Not while all work 22d. I certify that (I) (the saw, the deceased examples stated above 22d. SIGNATURE) 22d. PHYSICIAN'S NAME (Type) 23d. BURIA., CREMATION. 23b. BURIA., CREMATION. 23b. DUTIA 12d. 24d. Physical Director.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) NDITIONS CONTRIBUTING TO DEATH BUT, NOT RE CONDITION FOR WHICH OPERAT ON WAS PERFORN NG 21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19 PLACE OF INJURY (AT HOME FARM, STREET FACTORY, OFFICE BUILDING, ETC.) SIEVE ON (HICH CONTRIBUTION) DATE 23c. NAME OF CEMEN	YES NO 21c. HOW INJURY OCCURRED (Enter 21f LOCATION Street or R.F.D. No em	Causes of Death? Causes of Death? City or Town County City or Town County City or Town County State County County State County County State County Count



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03055 03059 CERTIFICATE OF DEATH 1 DECEASED-NAME First Middle Lost 2a DATE OF DEATH death. 25 HOUR (Type or print) Month 96901 (NMN) SAMUEL SMITH February ician and completely filled in by the fur flease remave carban papers. Pages 1 and in any event, within 72 hours affer 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (In years IF UNDER YEAR 24 hours aft last birthday) DAYS HOURS 1903 65 Male Calared December 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED X NEVER MARRIED country Michigan WIDOWED [DIVORCED [Washington 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital within 120 USUAL OCCUPATION (Kind of work done 12b K ND OF BUSINESS OR . give street address) during most of working life, even if retired) H agerstown Wash County Rospital executed 13a. USUA: RES DENCE (Where deceosed ryed, if institution Residence before admission) STATE 13e. STREET AND NUMBER 13d INSIDE CITY E MITS? Berkelev NO P YES T Martinsburg 233 Liberty St 14 FATHER 5 NAME First Middle Last 15 MOTHER 5 MAIDEN NAME First Middle Last No Record No Record The law requires that the death certificate 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) [If yes give wor or dates of service] crematian, ar remayal. 234-01-9382 Dorothy Smith 233 Liberty St MIS APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter on y one cause per line for (p), (b), and, (c) Martinsburg W. Va. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE QU Canditians, if any, which gave) signed by the burial-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause burial, PART 2 OTHER SIGNIF CAND CONDITIONS CONTRIBUTING TO REATH BUE NOT RELATED TO THE VERMINAL DISEASE OR CONDITION GIVEN IN PART 160 far use as the t f Health priar tab has been 19a DATE OF OPERATION 20a. AUTOPSY? 9b CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE EINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES ITT TO FUNERAL DIRECTOR: After this certificate derector, page 3 shauld be detached for us shaud be filed with the State Dept. of Health TO HOSPITAL OR ATTENDING PHYSICIAN: 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Month Day Year P.M. (If either, notify medical examiner) 21a. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Mat while at work 220 | certify that (1) (this haspital) attended the deceased fram_(saw the deceased alive an_ , and that in (my) (our) apinion death accurred an the date and have and from the 4 may be retained causes stated above, (1) (we) (did) (did pot) view the body after death 226 SIGNATURE MED DIRECTOR ATTENDING STAFF DEGREE PHY5 PHYS 22d PHYSICIAN S NAME (Type) (County) W (Stoty)a. 230 BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) H ope Cemetery Martinsburg Berkley Co Hagerstown MC ADDRESS 24 FUNERAL DIRECTOR 250 REC D BY REG STRAR VR A15 (4) 45M 1/69 Limited Andrew K. Coffman Funeral H ome Inc DATEFEB





. 7	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3057
HEALTH DEPT.	1 DECEASED NAME (Type or Print) SARAH PRESTON SOWERS 20 DATE KNOWN A Month Do OF ESTI DEATH MATED DEATH DEATH MATED DEATH DEA	oy Year 25 HOUR 5P.M
Py delay is 2, and 3 to PM3. Page	3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE IN YOUR 1 YEAR 15 UNDER 24 HRS 2C DATE PRONOUNCED DEAD	2d HOUR
	70 BIRTHPLACE (State or foreign to C Tizen OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED WASHINGTON	Wq
r death ve Page g with f		b KIND OF BUSINESS OR
hours after death Item 18 Give Pages 1, Office along with farth and 2 with the State De	130 USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER OF ACTIVATION ARE STOWN YES IN NO 1115 MT. ETNA	RD.
	JOHN WILLIAMS 15. MOTHER'S MAIDEN NAME First Middle BERNICE O. HOOV	Last
d within 24 in pencil in Examiner's Fre pages in 72 hours	16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT AddRESS ERST	
DEPUTY JICAL EXAMINER: This certificate shauld be executed within 24 haurs after death icessary, please execute the certificate, writing the ward "pending" in pencil in Hem 18 Give Page e funeral director Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with may be retained for your fles. FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State prior to burial, cremation, ar remayal, and in any event within 72 haurs after death	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Severe anemia secondary to cancer	APPROX MATE INTERVAL BETWEEN ONSET AND GEATH Gradually over a 5
ICAL EXAMINER: This certificate shauld be executed executed is execute the certificate, writing the ward "pending" in far Page 4 shauld be farwarded to the Chief Medical Est far your files. CTOR: Page 3 should be used as a burial-transit permit. Fundly, crematian, or remayal, and in any event within	r se to immediate cause (a), storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF lost. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	yr. period
ificat tring arded al, a		
his cert be, wr. be usec	190. DATE OF OPERATION 196 COND T ON FOR WHICH OPERATION WAS PERFORMED? 190 EXTERNAL CAUSE WAS 1910. TIME OF INJURY Month, Dgv. Year 1911 Part 2 Item	20 AUTOPSY? YES NO X
IER: Titica certifica auld bu les. should i	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	1B.)
SICAL EXAMINER: se execute the certicator Page 4 shauld ned for your fles. ECTOR: Page 3 should burial, cremotion,	## 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form street, at work at w	Caunty State
AL EXECUTATION PAGE FOR PAGE F	22a. I certify that I taak charge of the remains described above, held an Autopsy, Inspection 🔀, Inquiry,	and in my apinian
DEPUTY SICA SESSORY, please e e funeral director may be retained FUNERAL DIRECTOR FUNERAL DIRECTOR PUNERAL DIRECTOR PUNERAL DIRECTOR PUNERAL DIRECTOR PUNERAL DIRECTOR PUNERAL DIRECTOR PUNERAL PUNERA PUNERAL PUNERAL PUNERAL PUNERAL PUNERAL PUNERAL PUNERAL PUNERAL	death resulted fram: Natural causes 🔀 , Accident 🗍 , Suicide 🗍 , Hamicide 🗍 Undetermined manner 🗍	j
TTY, please ry, please be retaine RAL DIRE prior ta	SIGNATURE MD ASSISTANT MEDICAL EXAM.NER 22b. DATE SIG	
necessary, participated by the funeral 5 may be r to FUNERAL Health price	EXAMINER'S Howard N. Weeks DEPUTY MEDICAL EXAMINER 2/13 ADDRESS (Street, city, town or county)	2/69
ot ne	REMEMBER Spec (y)	ounty) (State)
W	24 FUNERAL DIRECTOR 250 REC D BY REG STRAR 25b. REGISTRAR 5 S GI	NATURE
VR A15ME (5) 10M REV 1.68	W. J. Horment, Hogerslown Md. DAFEB 1 4 1969 Volumes	· Vacaria



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1	03063 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
ATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3059
	1. DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Doy	Year 2b HOUR
J. Commercial Commerci	(Type or Print) Alice V. Stottlemyer DEATH MATED (X) 2-22-	69 1:45
7	3 SEX 4 RACE S DATE OF BIRTH 16 AGE (10 years 1 F UNDER 1 YEAR 1 IF UNDER 24 HRS 22 DATE PROMOTINGED DEAD	
		eor 19 69 P. M
	70 BIRTHPLACE (State or foreign 75 CIT ZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED 9 COUNTY OF DEATH	17 17 17 18 18
	" Maryland U.S.A. WIDOWED	Me
	10. CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. K	IND OF BUSINESS OR
	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol during most of work done libb. K give street oddress) Hagerstown Charles Mill Rd. R. F. D. House wife	n home
2/	130 USUAL RESIDENCE (Where deceased lived if institution Residence before 13c (FTY OR TOWN 13d MISIDE CITY LIMITS? 13e STREET AND NUMBER 75 TO THE PROPERTY LIMITS?	
1 2	Maryland Washington Hagerstown 18 1 NO W Charles Mill F	Rd.
1	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
		enfeltz
	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT 12 HOFfman 12 HOFfman 10 HOFF 10 HOFF 12 HOFF 13 HOFF 13 HOFF 14 HOFF 15 HOFF 15 HOFF 15 HOFF 15 HOFF 16 HOFF 17 HOFF 17 HOFF 17 HOFF 18 HOFF 1	Dr.
ŀ		APPRUX MATE INTERVAL
	PART I DEATH WAS CAUSED BY	BETWEEN ONSET AND DEATH
	MMEDIATE (AUSE (a) Coronary Occlusion Due to, or as a consequence of	nstant
	Conditions of any which gave a	
	rise to immediate cause (a), (III) ATTEPLOSCIENTE AS	veral
	lost for	ears
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
	N N N N N N N N N N N N N N N N N N N	
	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
*		YES NO J
	A PR MARY OR CONTRIBUTING HOUR A.M	
1	CAUSE OF DEATH P.M. 19 21d NJURY OCCURRED 21e PLACE OF INJURY (At home, form, street). 21f LOCATION Street or R.F.D. No. (ty or Town Cour	nty Stote
	While MOT While of Work of the building etc) AT Work Ar Work	ily Stote
ı		and in my animan
	death resulted from Natural causes 🔀 , Accident] Suicide] Hamicide] Undetermined manner	and in my apinian
	CHIEF MEDICAL EXAMINER	
	SIGNATURE A STEPLANT MEDICAL EXAMINER 226 DATE SIGNED	
	EXAMINER'S DEPLTY MEDICAL EXAMINER 2-22-69	
٠.	NAME (Type) Dr. E. W. Ditto Jr. 215 W. Washingtwire Sty. 19wn Hagerstown, Md.	
	230 BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Count REMOVA, (Specify)	
-	Burial Feb. 25, 1969 Grossnickle Cemetery Ellerton Fred	. Md.
Set	ETYON FEB Z D 1969 County	ridge
1/3	Gladhill Company Middletown, Md. DATE	U



	1		MINISTON			DEPARTMENT OF		DVI AND A1AA		
		03964	אטונואום	OF WHAL RECOR		RESTON STREET, BAI ATE OF DEATH		KYLAND 21201	2200	0
the law requires that the again terripitate be executed within 24 hours after death. oftending physician. This bear signed by the afterding physician and completely filled in by the funeral has been signed by the afterding physician and completely filled in by the funeral se as the buriol-trons, permit. Then please remove carbon papers, Pages 1 and 2 the prior to buriol, cremotion, or removal, and in any event, within 72 pours after death.	1 D	ECEASED NAME	First	M.adie	CERTITIO	Lost	2o. DATE O	E DEATH	0306	
ion. by the attending physician and completely filled in by the funeral trons t permit. Then place remove carbon papers, places 1 and 2 troms to removal, and in any event, within 72 hours after death	(Type or print) Jo!	h n	Mark	Tobias		20. DAIL O	2 Month 14 Doy	6 9 eor	2b HOUR M
rs åfter	3 5	male	4. RACE	hite		S. DATE OF BIRTH 2-18-1879)	6 AGE (In years gsp rthdoy) VRS	IF UNDER I YEAR MONTHS DAYS	HOURS MIN
72 h ou	70 cou	BIRTHPLACE (State or foreign ntry) Penna.	75 CITIZEN USA	OF WHAT COUNTRY?	8. MARRIED &	NEVER MARR ED DIVORCED	9. COUNTY OF Wash	DEATH inton		Md
		CITY OR TOWN OF DEATH Hagerstown		11 NAME OF HOSPITAL OF	· Hospi	t in hospital 120. US	JAL OCCUPATION	(Kind of work done life, even if retired)	12b. KIND OF B	
j	13a odm	USUAL RESIDENCE (Where o	leceased lived, f ii 13b COU	nstitution Residence before NIY Wash.		TOWN 13d INSIDE CIT		REET AND NUMBER 6 Manse 1	Rd.	
ě			in Tobi		t IS	MOTHER'S MAIDEN NAME Phoebi F		Middle		Lost
	160	WAS DECEASED EVER IN U.S.	ARMED FORCES? s give war or dates of serv	16b SOCIAL SECUR 80 0 - 20 - 7	17 IN 265J1	FORMANT Della May	Tobia	Address s Hagers	stown,	Md.
		18. CAUSE OF DEATH (En	AUSED BY	/2	1 1	here	- 6-		APPROX M. BETWEEN ON	ATE INTERVAL ISET AND DEATH
		431,9 Conditions, if ony, which of		OR AS A CONSEQUENCE		// 2 // /		<u> </u>	7.0	0091
		rise to immediate couse stating the underlying co	(o). (b)	OR AS A CONSEQUENCE	# 4210 OF	Schruss	!		Je	<u>a</u>
		PART 2 OTHER SIGNIFICAN	T CONDITIONS CON	TRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMINAL DISEASE O	R CONDITION GIVE	N IN PART 1(a)		
.,	CERTIFICAT.ON	190 DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATION WA	S PERFORMED	2Do AUTOPSY? YES NO [. TALISES	YES, WERE FINDINGS CO OF DEATH?	ONSIDERED IN CER	RTIFYING
100		210 ACCIDENT WAS UNDE		ME OF INJURY A.M Month Doy Y	eor	W INJURY OCCURRED (En		ry in Port 1 or Port 2, I	tem 1B)	
	EDICAL	2.d. NiJRY OCCURRED While hot while of work	218. PLACE OF INJ	P.M. URY (AT HOME FARM, STREET OFFICE BUILDING, ETC.	FACTORY) 21f. LOC	CATION Street or R F.D. I	No. City	or Town	County	Stote
		22a. I certify that (I	(this haspital)	attended the dece	ased fram_/	o Felm, 19	67 , ta_/	4 Feb 19	69 , that ((I) (we) last
		causes stated a	bave, (I) (we) (did) (did nat) view t	he bady after d	that in (my) (aur) a eath.	pinian death i		te and hour a	nd fram the
		22d PHYSIC AN S	ens &	Froelle	Carlo DEGRE	710.2	DIRECTOR	STAFF PHYS	2/15/6	59
1		NAME (Type)	/den.	8 Hoa			-690	2, Louz	200	
	_1	PEMPM SECTY)	23b DATE 2-17-6	9 Cora		Cemetery	Coro	ON (City or Town) apolis, I	(County)	(Stote)
(4)	24	FUNERAL DIRECTOR		ADDR			BY REGISTRAR	25b REGISTRAR S	SIGNATURE	
1/60		Minnich Fr	uneral	Home Hag	erstww	1. Md LOATEFF	F 2 11 10	CO /Clan	11/20 Vocas	A.P.



-/4-	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	200-
FOR STATE		03065 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3061
HEALTH DEPT.	1 D	FCEASED NAME First Middle Lost 2a DATE KNOWN Marth Do	y Year 2b HOUR
S 5 8 5 5		TARRY OLIVER VANORSDALE DEATH MATED 12 2-4-	169 130 M
ry delay is 2, and 3 to PM3. Page		ALE WHITE FEB. 19, 1907 64 brithday) MONTHS DAYS HOURS MIK Month Day	Year 19 69 A. M
Deput	70 tour	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
farr farr	10.7	WIDOWED DIVORCED WASHINGTON TY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (IF not in hospital 12a USUAL OCCUPATION (Kind of work done 12b)	Md KIND OF BUSINESS OR
Give Pages 1, 2 Give Pages 1, 2 Ging with farm ith the State Dep		HANCOCK GIVE THEET ODDIENT STREET GUITING MOST OF WORKING life, even if relited) INI R	AIL ROAD
\$ 50 P	0	USUA. RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN drinksian) STATE 13b (OUNTY WASHINGTON HANCOCK YES NO 24 SOUTH STR	ЕЕТ
D Salary E A	14 F	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Last
24 hr		WESLEY VANORSDALE MARGARET CATHERINE	STOTTLER
thin 24 niner's pages hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS 17 INFORMANT ADDRESS	
I withi n penc Examin File pa	<u> </u>	NO 705 10 7269 EMMA A. VANORSDALE 24 SOUTH	ST. HANCO
be executed wil "pending" in pe nef Medical Exar ansit permit. File event within 72		18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
xecuted nding" ii Medical permit. it withir		IMMEDIATE CAUSE (a) Coronary Occiusion rei	minutes
e e e e e e e e e f A e		DUE TO, OR AS A CONSEQUENCE OF	7
rold be e vord "per ne Chief i af-transit any ever		nse to immediate cause (a). Stating the underlying cause (b) Coronary Artery Disease DJE TO, OR AS A CONSEQUENCE OF	7 years
shauld I ne word ta the Ch burial-tra		(c) Arteriosclerotic Cardio Vascular Disease	
This certificate shauld cate, writing the word be farwarded to the Clube used as a bur at tremayal, and in any ir remayal, and in any		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ifica ting rdec as as	NO NO		
is certificate s te, writing the farwarded ta e used as a b remaval, and		190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
his ate, e for be t	CERTIFICAT		YES NO F
	WEDICAL CE	21a EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19 21a HOW INJURY OCCURRED (Enter noture of in ury in Part 1 or Part 2, Item HOUR A.M. P.M. 19	18)
ICAL EXAMINER execute the cer for. Page 4 shouled for your files. CTOR: Page 3 sho burial, crematian	*		County State
Vot Your Page Page , cree		AT WORK	
AL I		22a. I certify that I took charge of the remains described above, held an Autopsy, Inspection &, Inquiry,	
olic directa dined inecta inecta inecta inecta inecta		death resulted from: Natural causes 🕱, Accident 🗌, Suicide 🗍, Homicide 🗍, Undetermined manner 🗌	J
please direct retaine or ta b		ACTUAL ACTUAL	NEV
UTY My, nerol be be Pr		SIGNATURE TO SEE THE SECOND SE	
o DEPUTY SICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page Health pror to burial, crem		NAME (Type) DR. E. W. DITTO. JR. 215 W. Washerston Ston, Make (Type)	
TO DEPU necessal the fund 5 may 1 TO FUNEI Health	230	BUR AL, CREMATION, 236 DATE 236 NAME OF CEMETERY OR XENOVERY PARK 23d LOCATION (City or Town) (Co	ounty) (State)
1	FR	URIAL 2/6/69 CEDAR LAWN MEMORIAL HAGERSTOWN WASH	
VR A15ME (S)	24	ADDRESS ADDRESS PARE FFB 7 1969	AT R Cardella
10W 8EA 1198	X	whench of Shore HANGOCK, MD. DATE FEB 7 1969 1	0 0



	1				E DEPARIMENT OF HE		
		ดงกลล	DIAISION OF ALLY			NORE, MARYLAND 21201	03062
	L	03066			CATE OF DEATH		0000%
		ECEASED-NAME First Type or print)		Middle	Lost	20 DATE OF DEATH	2b. HOUR
		GI		Madeline	Wainwright	2 Month 20 Do	
	3. 5		4 RACE		S DATE OF BIRTH	6 AGE (in years	HE JMDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
		female	white		12-15-1894	* " TK3,	INVITATION OF THE PROPERTY OF
	70 cou:	BIRTHPLACE (State or foreign 7	76 CITIZEN OF WHAT COU	1681168151	THE TRIS HIS HIS INC. LED	COUNTY OF DEATH	
	_	New York	USA	WIDOWE		Washington	Md
		TITY OR TOWN OF DEATH	11 NAME OF #	HOSPITAL OR INSTITUTION (H	not in hospital 120 USUAL	OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR INDUSTRY
)		agerstown	Clear	rview Nurs	ing Homp	lousewife fren if retired)	IIIOOJIKI
į	130 odm	uSUAL RESIDENCE (Where deceased sssion) STATE Md.	13b COUNTY Wash	idence before 13c. (1TY (77.1
3					stown YES NO		
	.4 1	ATHER'S NAME First	Middle	Lost	15 MOTHER'S MAIDEN NAME Firs	M.ddle	Lost
	160	WAS DECEASED EVER IN U.S. ARME	D FORCES? 16b SC or dates of service)	CIAL SECURITY NO 17	INFORMANT	Address	
	L_'	es, no, or unknown) (If yes give war	ar enter at service)		<u>Marvin Wainw</u>	right Hagers	town, Md.
		18. CAUSE OF DEATH (Enter only	one cause per line for (c	o), (b) ond (c))			APPROXIMATE NTERVAL BETWEEN ONSET AND DEATH
		PART I DEATH WAS CAUSED IMMEDIATE	BY CAUSE (o)	es to Varian	componer m	h h	(2)
		4/22	DUE TO, OR AS A CON			,	
		Conditions, if any which gove y rise to immediate couse (a),	(b) Here I	MELLIUE. A	とかなるというととなって	C-1 2.0	· 6
		stating the underlying couse	DUE TO, OR AS A CO	NSEQUENCE OF			
		lost	(c)				
		PART 2 OTHER S GNIFICANT COND			TO THE TERMINAL D SEASE OR CON	NDITION GIVEN IN PART 1(0)	
	₹.	DIABLETES		- C lbd son	12 Tibe mile - 814	1231115, RT 128- 4	٠ 454
,	CERTIFICATION	190 DATE OF OPERATION 195 CO	INDITION FOR WHICH OPE	RATION WAS PERFORMED	20o AUTOPSY?	20b. F YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
	ERTIF	DI - ACCIDENT MAC DINOCELVING			YES NO 🔀		
		21 d ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Mont	h Day Year	HOW INJURY OCCURRED (Enter n	noture of injury in Port 1 or Port 2,	Item 18)
	MEDICAL	(If either, not ly medical examine	r) P.M.	19	10(17(0))		
	-	While Not while of work	ACE OF INJURY (OFFICE B	UILDING, ETC 211	LOCATION Street or R.F.D. No.	City or Town	County State
			t. 2 N is 1 1		-5 -5 -5 - 10//		
		saw the deceased also	naspital) attended	the deceased fram_	nd that in (my) (aur) anini	an death accurred on the do	to and hour and from the
		causes stated above,	(I) (we) (<u>did</u>) (did no	at) view the bady after	death.	an acam accomed all the ac	ne and natif and trans the
		22b. SIGNATURE) _		ATTENDING MED		DATE SIGNED
				DEC		O. STAFF D 2	1530 1969
		22d. PHYSICIAN'S NAME (Type)	J. FEHD	En	22e. ADDRESS 218 H. Por	ome St. House	reme 11
	230	BURIAL, CREMATION, 235 DA		23c NAME OF CEMETERY O		23d LOCATION (City or Town)	(County) (Store)
	b		22-69				. ,,
		FUNERAL DIRECTOR		ADDRESS	250 REC D BY	REGISTRAR 256 REGISTRARS	SIGNATURE
1		Minnich Fune:	cal Home,	Hagerstow	n, Md. DATE FFR	2 4 1969 1000	res Jugar



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		83967			301 W. PRESTON STRI		E, MARYLAND 21201	0200	*,
		em6 FilmG409 2,	10/69 kk	(ERTIFICATE OF D	DEATH		0306,	3
eath. eral and 2 eath.	l D	CEASED NAME First ype or print)		Middle	Lost		DATE OF DEATH		2h HOUR]
death and death	L'	Merr:	ill Co	rtelyou	Wible	F	ebrua Mogh 1, D	°1969°′	A. M
Ta San Ta	3. 5		4. RACE		S. DATE OF BIR		6 AGE (In years		IF UNDER 24 HRS
S TO SE	L	male	W	hite	Octob	er 5, 1	901 lost bighdoy)	MONTHS DAYS	HOJKS MIN
hours after death		BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT	COUNTRY?	B. MARRIED 🖈 NEVER MARR		NTY OF DEATH		
Tage 2		Penna.	USa		WIDOWED DIVORC		ashington		Md.
a Silvery		ITY OR TOWN OF DEATH	II NAM	E OF HOSPITAL OR INS	TITUTION (If not in hospital	120 USUAL OCCU	PATION (Kind of work done	126 K ND OF B	LSINESS OR
₹ ≥ \$ ₹ 7	L.	Hagerstown		sh • Co •	Hospital	during most of w	vorking life, even if retired)	INDUSTRY	
smpler or car event.	13o	USUAL RESIDENCE (Where deceos	ad lived functitution	Residence before		BE INSIDE CITY LIMITS?	13e STREET AND NUMBER	-1	
compl	00111	ssion) STATE Penna.	MANH	ngdon	Three Spri	THE NO	Star Ro	ute	
be executed an ond completely remove carbo	14	ATHER'S NAME First	Middle	Lost	15. MOTHER 5 MAI		Middle		Lost
ate be ician a lease r and in	L		y A. Wib			Henrie	tta Walland	e	
ertificate b physician ien pleose aval, and i	160.	WAS DECEASED EVER IN U.S. ARM es, no, or unknown) (It yes give w	NED FORCES? (16 ar or dates of service)	66 SOCIAL SECURITY N			Address		
phy:		Ca, sig. of Children y			Mrs. Al	ice Wib	le, Three S		
h ce ing I The		1B. CAUSE OF DEATH (Enter on	y one couse per +ne		. 1			APPROX MA BETWEEN ONS	ATE INTERVA. SET AND DEATH
e death attends permit.		PART I DEATH WAS CAUSED IMMEDIA	TE CAUSE (o)	Jagi Ha	1 Sinus 7	thromb	0515.	12	VK.
atti perr jon,		3201	DUE TO, OR AS	A CONSEQUENCE OF				4	,
the sir p		Conditions, if any which gave a rise to immediate cause (a),	(b)	ME	1.Ingitis	c.		4 LI	K5.
tha an. by ran cren		stating the underlying couse	DUE TO, OR AS	A CONSEQUENCE OF	tere mia	1			
quires tho physician. signed by burial-tran		lost							
phy sign bur bur		PART 2 OTHER SIGNIFICANT CON							
ATENDING PHYSICIAN: The law requires that the death certificate be executed stained by the haspital at attending physician. CTOR: After this certificate has been signed by the attending physician and complesshould be detached far use as th∎ burial-transit permit. Then please remaye contit the State Dept, at Health prior to burial, cremation, at remayal, and in any even ith the State Dept.	*	ru mon		ry silicosis, Auricula Fibrillation					
e fa tenc is b os prio	CERTIFICATION	190. DATE OF OPERATION 196.	CONDIT ON FOR WHICH	OPERATION WAS PER			20b IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CER	TIFYING
The I offer of hos use os	RTE				YES 🗆	NO 🗗			
AN: or cote		210 ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH		NURY Month Doy Yeor	21c. HOW INJURY OCCU	RRED (Enter noture	of injury in Part 1 or Port 2,	, Item 1B)	
Potential Services	MEDICAL	(If either, notify medical examin	er) P.M.	19					
OR ATTENDING PHYSICIAN: be retained by the haspital ar DIRECTOR: After this certificate ge 3 should be detached far used with the State Dept. at Healt		21d. IN-JRY OCCURRED 21e.	PLACE OF INJURY (AT	HOME, FARM, STREET, FACT FICE BUILDING, ETC	ORY.) 21f. LOCATION Street	or R F D No	City or Town	County	State
the det		While Not while at work of work			1		4		
by Stal		220. I certify that (I) (thi	s hospital) attend	ded the decease	d from Jan a	5,19 <u>61,</u>	10 1051. 31	9 <u>69</u> , that (I) (we) lost
R: /		causes stated obove	(1) (workeld) (dr	id not) view the	/오ㅗ, and that in (my) adv after death	(our) opinion d	leasy occurred on the d	ate ond hour a	nd from the
ATI State of the s		22b SIGNATURE	/////·C-/////	1017 11011	10.1		320	DATE SIGNED	
OR ATTENE be retained birECTOR: A ge 3 should		17 F.C	2.	.62 2	DEGREE PHYS	DIDECTOR	STAFF 2	11/67	
AI D		22d PHYSICIAN S	- 011	11-1	22e ADDRE	55 -7 - 6 - 5	1 70-1	7 11-0	- CFALL
FRAMERA FRAMERA For, F		NAME (Type)	- Abdi	11/194		5/8 N	· Foloma	1739	4 210HM
O HOSPITAL OR ATTENI Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 should should be filed with the	230	BURIAL, CREMATION, 23b. E		23c NAME OF C	EMETERY OR CREMATORY	23d	LOCATION (City or Town)	(Kounty)	(State)
TO HOSPITAL Page 4 may TO FUNERAL director, pag should be fi		图图图图图	-4-69	Cherry	Grove Cem				Pa.
	24.	Minnich Fune		ADDRESS	2	So RECD BY REGIS	TRAR 250 REGISTRAR		
VR A15 (4) 45M - 1/69	,	arnarch rune	ral Home	, Hager	stown, Md.	DAFEB 4	1969 /	rees fring	No.



1			DIVISION OF WIT			KIMENI UF HE		MD 01001	100		
1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH							030	63		
-	1 00	03063 CEASED NAME First		Middle Last			20. DATE OF DEATH			Tai Hous	
		one or north						Manth Day	1 969	2b HOUR	
ŀ	3 SE	Robe	Tt S	hank	Winders	OF BIRTH	Febru		1909 IF UNDER 1 YEAR	10:30PM	
ľ							1 10		MONTHS DAYS	HOURS M.H.	
ł		Male IRTHPLACE (State or fareign	7b. CIT.ZEN OF WHAT (COLINTRY?		11 8, 191	COUNTY OF DEAT	53 YRS.			
	caun	try)		DOMIKTI	MARRIED MEVER	R MARRIED 7					
ŀ		ithsburg, Md.	U. S. A.	TZALI AD LATIGODH 3C	ITUTION (if not in hasp	Land L	Washin OCCUPATION (King		126 KIND OF B	Md Md	
Ì	_		give street	eddress)	HOLLOH (11 HOLLO II) HOSP	duting mos	t of working ife taince F		INDUSTRY	_	
ŀ		ascade USUAL RES DENCE (Where deceos			13c CITY OF TOWN	136 INSIDE CITY LIMI	TAINCE F	AND NUMBER	Miltary	Post	
ŀ	odmi	ssian) STATE	13b COUNTY Washing		Cascade	YES NO					
		ATHER S NAME First	M.ddle	Last		R S MAIDEN NAME Firs		Middle		Last	
1			_	Winder				Marv	C	hank	
ŀ	16a	WAS DECEASED EVER IN U.S. ARA		SOCIAL SECURITY NO			nna	Address	0	TOTAL TA	
		es na, ar unknown) (fyes give w	or ar dates at service)	h=1h=6920		nette Win	dore Ca		ampland		
F		IB. CAUSE OF DEATH (Enter on				THE COS WILL	VIII A VA	Security 1	APPROX M	ATE INTERVAL SET AND DEATH	
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		4109 IMMEDIA	DUE TO, OR AS A		_1401011				211060		
ı		Canditions, if any, which gave)		CONSEQUENCE OF							
1		rise to immediate cause (a), (stating the underlying cause)	(b)	CONSEQUENCE OF							
1		lost.	(c)								
ı		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
	2										
	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH C	PERATION WAS PER	ORMED 20g	AUTOPSY?		WERE FINDINGS CO	ONSIDERED IN CEI	RTIFYING	
	ZIEK				YE	S NO 🛣	CAUSES OF I	ÆIH?			
1		21a. ACCIDENT WAS UNDERLYIN ☐ OR CONTRIBUTING ☐ CAUSE OF DEAT		URY anth Day Year	21c. HOW INJUR	Y OCCURRED (Enter r	nature of injury in	Part 1 or Part 2, 1	tem 18.)		
	MED.CAL	(If either, natify medical examin	er) P.M.	. 19							
	ž	21d INJRY OCCURRED 21e While Nat while	PLACE OF INJURY (AT H	IOME FARM, STREET, FACTO CE BUILDING, ETC	ORY.) 21f LOCATION	Street at R.F.D. No.	City or To	ewn	County	State	
		at work at work									
1		22a. I certify that (I) (the saw the deceased a causes stated obove	s haspital) attend	od the deceased	from 10-8	, 19 <u>54</u>	, to21	b 19_	to and hard	(I) (we) last	
		causes stated obove	(1) (we) (did) (did	nethview the h	adv after death.	n (my) (our) opini	ian death occu	rrea on the da	re ona nour a	na from the	
		22b SIGNATURE	/// (1.5/(0.0/(0.5/					22c [DATE SIGNED		
		Charles &	to Zha	/	DEGREE PHY	TENDING E DIR	ECTOR D STA	YS 2-	17-69		
		22d. PHYSICIAN'S	7 0-2			ADDRESS			3 01702		
		NAME (Type) Charl	es F. Hess	, M.D.		Smı	thsburg,	магутаг	id 51/83		
ľ	23a	BURIAL, CREMATION, 23b			EMETERY OR CREMATO		23d. LOCATION (C		(County)	(State)	
			19- 69		d Church C		Caveto	wn, Wash	. Co.,	Md.	
	24.	FUNERAL DIRECTOR		ADDRESS		2Sa RECD BY	REGISTRAR	25b REGISTRAR S	SIGNATURE	and or	
I	Jo	hn H. Bast, Jr	. 112 N. M	ain St. 1	Boonsboro,	MODATED	C 1 1300	17	70 1		



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	MARTIANU STATE DEPARTMENT OF HEALTH
The same of the sa	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	Item23 FilmC409 2/24/69 kk CERTIFICATE OF DEATH
- 2 -	1. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR
death. neral and 2 death.	72. 1100K
funeral funeral er deat	ALVITI GEISER LUCK FED. 16, 1969 72. M
after after	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 1 Under 1 Year 1 F Under 24 HRS.
\$ 85 E	male white November 4, 1879 last bighday YRS. MONTHS DAYS HOURS MIN.
- GVST B	7g. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED TO ANGEL OF THE COUNTY OF DEATH
Cours offer fundamental fundam	country)
illed 72	METCETS BUTG FOR TO. S. H. WIDOWED DIVORCED WAS INTIGETON COUNTEY Md.
filled paper thin 7	
d withing etely fill arban pour hit, within	WITHTHIS POYT WILL IMPROPER SPORT SPORT SAVION FARMER
ed with carban carban wit wit	13a. USUAL RESIDENCE (Whore deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
completely fille investment, within	admission) STATEPENN. 136 COUNTY Greenenstkes NO V54N. CArlisle St.
	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
be executed mand completes remarks conditions and any event	DE MOTIES INVIDENTIAL TRANSPORTER TO SECURITION OF THE PERSON OF THE PER
icate be exe sicion and co please rema	
ertificate by physician physician ren please aval, and i	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17 INFORMANT (Daughter) Address 577. Carrison
ohy val	Yes, no, of unknown) (I yes give war of dates of service) 174-20-3400 MYS. RAYMOND MEYERS St. Greencasthe
The The	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
ne death ce ottending opermit. Th	PART I DEATH WAS CAUSED BY:
he death attendir permit.	IMMEDIATE CAUSE (U)
he a	Conditions, if any, which gave) DUE TO, OR AS, A CONSEQUENCE OF Conditions, if any, which gave)
the the nsit purchase	tise to immediate cause (a)
that the death certifian. by the attending phy transit permit. Then cremation, ar remava	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
equires that the physician. signed by the burial-transit burial, cremat	lost. (c)
oby ign inni	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
of b	
adir.	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
IAN: The law re tal or attending (ficate has been s far use as the k Health prior tak	CALCAS OF SECTION OF S
E D H SSE X	YES NO CHOSES OF DEATHS
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D d d d	Great Court (In the Court of Death Hour A.M. Month Day Year 19 P.M. 19 Court of Death Hour A.M. Month Day Year 19 P.M. 19 Court of Death Hour A.M. Month Day Year 19 P.M. 19 Court of Death Hour A.M. Month Day Year 19 P.M. 19 Court of Death Hour A.M. Month Day Year 19 P.M. 19 Court of Death Hour A.M. Month Day Year 19 P.M. 19 Court of Death Hour A.M. Month Day Year 19 P.M. 19 Court of Death Hour A.M. Month Day Year 19 P.M. 1
G PHYSICIAL the haspital this certifice detached for	
this Dee	While \text{ at work at work \text{ at work }
OR ATENDING PHYSICIAN: The law requires that the death certificate be retained by the haspital ar attending physician. JIRECTOR: After this certificate has been signed by the attending physician e. 3 should be detrached for use as the burial-transit permit. Then pleased with the State Dept. of Health prior to burial, cremation, ar remayal, and	22a. I certify that (I) (this hospital) attended the deceased from, 19, to, 19, that (I) twe) last
Affer State	saw the deceased alive on ANOTATY 22,1967, and that in (my) (ser) apinion death accurred an the date and haur and fram the
the second secon	causes stoted obave, (1) (we) (did) (did not) view the bady after death.
TA STATE	22b. SIGNATURE 22c. DATE SIGNED /
OR ATTEND be retained DIRECTOR: A Je 3 should ed with the	1 DEGREE PHYS. DEGREE PHYS. DIRECTOR DI
of de lie	22d. PMYSICIAN'S 22e. ADDRESS CONT. D
ATI ME AN ITA	NAME (Type)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior ta	
H H H H H H H H H H H H H H H H H H H	230. BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Burial (Specify) 2/19/69 Shanks Church Cemetery Greencastle Franklin Penna.
VR A15 (4)	24. FUNEBAL DIRECTOR 250. REGISTRAR'S SIGNATURE 250. REGISTRAR'S SIGNATURE
45M 1/69	Hawlet M. Jennem, Cheen costs, fa. DATE

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